

**UNIVERSITY OF WEST FLORIDA
REASONABLE ACCOMMODATION BASED ON DISABILITY
REQUEST FORM**

The Americans with disabilities Act of 1990 (ADA) makes it unlawful to discriminate employment against a qualified individual with a disability. To be protected under the ADA, an individual must have, a record of or be regarded as having a substantial (as opposed to a minor) impairment. A substantial impairment is one that significantly limits or restricts a major life activity.

This form is designed to assist employees in requesting a reasonable accommodation. What is a reasonable accommodation? A reasonable accommodation is any change or adjustment to a job or work environment that does not cause an undue hardship on the department or unit and which permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. For example, a reasonable accommodation may include providing or modifying equipment or devices, job restructuring, allowing part-time or modified work schedules, reassigning an individual, adjusting or modifying examination, modifying training materials or policies, providing readers and interpreters or making the workplace readily accessible to and usable by people with disabilities.

INSTRUCTIONS:

This form must be completed whenever an employee or applicant requests an accommodation, or it is apparent that a reasonable accommodation may enable an individual with a disability to perform the essential duties of a position or participate in the employment process. Copies of the completed form should be forwarded to the Director of Informal Dispute Resolution & Americans with Disabilities Act Office in Building 11/119. If you require assistance in completing this form, call (850) 474-2518.

Please Complete All Sections

Section I: Personal/Departmental Information

Name:	Date:
Address:	Classification Rank/Title:
Position Number:	Social Security Number:

Department:	Division:
Supervisor's Name:	Supervisor's Phone:

Section II: Job Performance Description

List the function(s) identified on the position description that the individual cannot perform or perform fully:

Primary Functions	Secondary Functions
<p>What evidence of documentation exists to support the need for an accommodation based on disability? Documentation should be provided by employee.</p> <p> <input type="checkbox"/> Individual's Physician <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Individual's Counselor <input type="checkbox"/> Vocational Rehab Counselor <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Other </p>	

Section III: Completed by ADA Coordinator

Meeting with Individual Requesting/Needing a Reasonable Accommodation to Discuss Accommodation Request(s) identified by the individual were:

Meeting was attended by:

Date of Meeting:

<p>Selection of Accommodation (s) - The following accommodation (s) modification (s) have/will take place:</p>	
<u>Accommodation/modification</u>	<u>Date of Action</u>
<u>Cost</u>	
<p>Meeting with Individual Concerning Selected Reasonable Accommodation (s) Date of Meeting: _____ Summary of individual's response to selected accommodation (s):</p>	
<p>Consultant/resources utilized that assisted in selecting accommodation (s):</p>	
<p>Form completed by: Date: _____</p> <p>Department: Phone: _____</p>	
<p>For additional information or assistance in completing this form, please contact the ADA Program Manager at (850) 474-2518. Please return copy of completed form to the ADA Compliance Office in Bldg. 11/119</p>	