



# Americans with Disabilities Act Employee Self-Identification and Request For Accommodation

This form must be completed and submitted to the Office of EEO/AA Services when an employee wishes to self-identify and make a request for accommodation due to a documented disability. To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), the employee must be qualified to perform the essential functions of his/her position with or without an accommodation and have a qualifying disability that limits a major life function.

Employee name:	Employee home phone:
Employee address:	Cell number:
	Work number:
Supervisor:	Supervisor phone number:
Department:	Date:
1. Please describe which major life activity your impairment limits. (For example: caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, remembering, concentrating, etc.)	
2. Describe how your condition limits your ability to perform the essential functions of your job. Using your Employee Work Profile or faculty work plan (job description), identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance. (Your Employee Work Profile can be obtained through your immediate supervisor or through the Division of Human resources. Faculty work plans can be obtained through department chairs or directors.)	
3. Describe in detail the accommodation(s) you are requesting:	
4. Please add any additional information you feel may be relevant to your request:	
Employee signature:	Date: