



Disability Accommodation Request Form — Employment

This form is to be used in one of two methods:

1. by an administrator to record the agreement between the employee or applicant with a disability and the department as to a reasonable accommodation required for safe and effective performance of the essential job functions of the specific position; or
2. by an applicant or employee with a disability to request a reasonable accommodation.

Questions concerning requests for employment accommodations at The University of Iowa should be directed to Faculty and Staff Disability Services at 319-335-2660 (voice) or 319-335-3495 (TTY).

This form must be filed separately from the employee's personnel file and must be treated confidentially.

Section I: Accommodation Request – To be completed by employee requesting accommodation, or by administrator to record the agreed upon accommodation.

Employee Name _____ Request Date _____
 Job Title _____ Telephone _____
 Department Head/Supervisor Name _____
 College/Major Administrative Unit _____
 Department/Unit _____

1. Indicate physical or mental limitation(s) and expected duration of limitation(s). (Attach additional pages if necessary.) It is not necessary to indicate a medical diagnosis or condition.

2. Explain how the disability/limitation affects the ability to perform one or more essential functions of the job:

3. List accommodations needed to perform essential functions (attach additional pages if necessary):

4. Has a physician, vocational rehabilitation specialist, or other health professional recommended a specific accommodation? Yes No If yes, please attach a copy.

Employee Signature _____

Section II: Employer's Response – To be completed by employing department/unit.

1. Attach to this form a description of the essential functions of the job in question. (A copy of same is to be given to employee). If you need assistance in analyzing the essential functions of the job in question, please contact Faculty and Staff Disability Services at 319-335-2660.
2. To approve an accommodation request, the department/unit must determine that the employee: (1) has a covered disability, (2) can perform the essential functions of the job with or without a reasonable accommodation; and (3) has made known the need for accommodation.

A "reasonable accommodation" is an accommodation that would not cause an "undue hardship" to the department/unit. An "undue hardship" is an action that is unduly costly, extensive, substantial, disruptive, or that would fundamentally alter the nature or operation of the department/unit. For guidance in accessing a request for accommodation using these standards, please refer to **Providing Accommodations in Employment under the Americans with Disabilities Act** at <http://www.uiowa.edu/~eod/education/publications/tips-on-ada.html> and/or contact Faculty and Staff Disability Services at 319-335-2660.

3. **Employer Action:**
- | | |
|-----------------------------|----------|
| Accommodation request is: | Approved |
| Department/Unit intends to: | Modify |
| Department/Unit intends to: | Deny |

If the department/unit approves the accommodation as requested, forward this form to Faculty and Staff Disability Services for record purposes and inform the employee of the approval. If the department/unit intends to modify or deny the request, the modification or denial must be approved by the Office of Equal Opportunity and Diversity prior to any departmental action. The department/unit must provide the rationale for wanting to modify or deny the request (attach additional pages if necessary) and submit this form according to the signature requirements outlined in numbers 4 through 7 below. The Office of Equal Opportunity and Diversity will evaluate the response according to legal compliance requirements and will notify the employee and the department/unit of the decision.

Rationale:

Estimated cost of accommodation, if known _____

4. Departmental Executive Officer _____ Telephone _____
Signature _____ Date _____

5. Department will forward to Unit HR Representative
Unit HR Representative _____ Telephone _____
Signature _____ Date _____

6. HR Unit Representative will forward to Senior HR Leader
Senior HR Leader _____ Telephone _____
Signature _____ Date _____

7. Senior HR Leader will forward to Faculty and Staff Disability Services at 121-21 USB
Date Received in FSDS _____

8. If the request is modified or denied, FSDS will forward to the Office of Equal Opportunity and Diversity
Date Sent to EOD _____