UNIVERSITIES OF WISCONSIN

Office of Human Resources
780 Regent St. Ste 300
Madison, WI 53715
uwshr@uwsa.edu or 608-263-4375

REQUEST FOR ACCOMMODATION FORM (CONFIDENTIAL)

Completion of this form is the initial step in processing a request for an accommodation under https://www.wisconsin.edu/regents/policies/discrimination-prohibited/. An accommodation is a reasonable modification or adjustment to the job application process or work environment that enables a qualified individual with a disability to be considered for a position, perform the essential functions of a position, or enjoy the same benefits and privileges of employment as are enjoyed by non-disabled employees.

If it is not clear whether you are eligible for accommodations under the Americans with Disabilities Act (ADA) (https://www.ada.gov/), you may be asked to sign a release that permits the Universities of Wisconsin to discuss your medical condition with your healthcare provider. Having a medical condition alone is not enough to make you eligible for accommodations under the ADA. Under the ADA, a disability is defined as a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.

The ADA requires the Universities of Wisconsin to keep medical information confidential, however, the law allows certain individuals to be informed of your condition as needed. These persons can include your supervisor(s), HR staff, and other individuals with a need to know.

Please complete pages 2-3 (using additional pages as needed), sign and date, and return to:

Derek Allen
780 Regent Street, Suite 300
Madison, WI 53703
derek.allen@uwss.wisconsin.edu
608-807-1966

Employee Information

Employee Name:

Employee ID (Found on Earnings Statement):

Email:

Phone:

Employee Job Information

Job Title/Position:

Classification (academic staff, student employee, limited term employee, etc.):

Department:

Name of Supervisor:

Work address (please include building name and room number):

Accommodation Information

Please describe the nature, extent, and duration of your medical condition or disability.

Please describe what job functions and/or working conditions of your current assignment are impacted by your medical condition.

What specific accommodation(s) are you requesting? Please be specific as possible and include all relevant details.

Have you had any accommodation(s) in the past for these same limitations? If yes, please provide details such as when, what, and where.

How will the requested accommodation(s) assist you in performing your essential job functions successfully?

If you are requesting a modification to a remote work agreement as part of your accommodation, please specify how many days you are in the office and how many hours per day:

Number of Days in Office Hours Per Day

Employee Signature **Date**