

REQUEST FOR ACCOMMODATION FORM (CONFIDENTIAL)

Completion of this form is the initial step in processing a request for an accommodation under the [UW System Administration Internal Policy HR-2: Reasonable Accommodation](#). 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/>), UWSA may ask that you sign a release that permits UWSA 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, an individual with 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 that UWSA 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), UWSAHR staff, and other individuals with a need to know.

Please complete pages 2-4 (using additional pages as needed), sign and date, and return to:

Derek Allen, HR Compliance Officer

780 Regent St, Suite 300

Madison, WI 53703

derek.allen@uwss.wisconsin.edu

Fax: 608-807-1966

Employee Information

Name	
Employee ID *Found on earnings statement	
Phone	
Email	

Employee Job Information

Job Title/Position		Classification (Academic Staff, Student Employee, Limited Term Employee, etc.)	
Department		Work Address *Please include the building name and room number	
Name of Supervisor		Telecommuting *If you are a remote worker or telecommute, please specify how many days you are in the office and for how many hours per day	

Accommodation Information

<p>Please describe the medical condition(s) or disabilities</p>	
<p>Please describe what job functions and/or working conditions of your current assignment are impacted by your medical condition</p>	
<p>What specific accommodations are you requesting?</p> <p>*Be specific as possible and include all relevant details</p>	

<p>Have you had any accommodations in the past for these same limitations?</p> <p>If yes, please provide details such as when, what, and where.</p>	
<p>How will the requested accommodations assist you in performing your essential job functions successfully?</p>	

<p>Employee Signature</p>	
<p>Date</p>	