



REQUEST FOR REASONABLE ACCOMMODATION FORM

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), 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 disability is a person 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 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), UWSHR staff, and other persons with a need to know.

Employee Instructions

- Complete Section I only
• Print the completed form and sign it
• Make a copy for your records
• Send original signed form to the UWSA ADA Coordinator at UW System Human Resources, 780 Regent St. Madison, WI 53715

Section I: Employee (Complete Section I only.)

Department/Office _____ Supervisor _____

Name _____ Date of Request _____

Signature _____

Describe the qualifying disability (e.g., visual impairment, arthritis): _____

Is this condition permanent? [] Yes [] No

Describe how the disability impairs your ability to perform assigned job duties (attach additional pages if necessary):

Describe the reasonable accommodations you are requesting (attach additional pages if necessary):

Section II: Employer

AccommodationRequest Decision:

Approved

Modified

Denied

If the accommodation request is approved or modified, identify the accommodations (attach additional pages if necessary). If the request is denied, provide the rationale for the denial:

Name of person making decision _____

Signature _____

Date _____