

Workplace Accommodation Request Form

A reasonable accommodation is any modification or adjustment to a job or the work environment that will enable an employee with a disability to successfully perform the essential functions of their job. To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), you must have an impairment that limits a major life function, such as working, and be qualified to perform the essential functions of your position with or without an accommodation.

Section I: Employee Information

Name: _____ Home Phone: _____

Job Title: _____ Email: _____

Supervisor: _____ University ID: _____

Section II: Accommodation Request

Depending on the nature of your accommodation request, Human Resource Services may require a separate certification from your medical provider to support this information.

- 1. Please identify and describe the impairment for which you are requesting an accommodation:**
- 2. What is the expected duration of the impairment?**
- 3. What activity or activities does the impairment limit?**
- 4. Does the impairment affect your ability to perform the essential functions of your job?**
 No ▶ If **No**, proceed to the next question.
 Yes ▶ If **Yes**, please explain how:
- 5. What specific accommodation, if any, are you requesting?**

Section II: Accommodation Request Continued

6. How will the requested accommodation assist you with performing the essential functions of your job?

7. Is your accommodation request time sensitive?

No ▶ If **No**, proceed to the next question.

Yes ▶ If **Yes**, please explain how:

8. Please provide any additional information that might be useful in processing your accommodation request:

Section III: Authorization for Release of Information

I hereby authorize Human Resource Services (HRS) at the University of Northern Iowa to discuss this request for accommodation with my supervisor and other appropriate managerial staff. To the extent that HRS requires a medical certification to substantiate my need for an accommodation, I understand that I may be asked to complete a separate authorization for the release of medical information. I acknowledge that failure to complete any such release required by the University may prevent the University from considering my request for an accommodation. I understand that any medical information collected will be kept confidential as required by law.

I understand that should it be determined that I may be eligible for an accommodation, the University of Northern Iowa HRS will engage in an interactive process to explore possible reasonable accommodations that will allow me to perform the essential functions of my position without causing undue hardship to the University. I understand that I am not entitled to the specific accommodation(s) I have requested and that the University may choose among reasonable accommodations as long as the chosen accommodation is effective.

Signature: _____ **Date:** _____

Note: Please return completed form to:

UNI Human Resource Services, 027 Gilchrist, 0034 or Fax to 319.273.2430

To comply with The Genetic Information Nondiscrimination Act of 2008 (GINA), please do not provide any genetic information when responding to this request for medical information. *“Genetic Information” includes and individuals family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member.*