

Employee Disability Accommodation Request Form

You should use this **Disability Accommodation Request Form** when you seek a workplace accommodation due to a documented disability. To make a request for accommodation, you must:

- Notify Human Resources of your desire for a workplace accommodation;
- Complete this form and return it to Human Resources (note that we may, in appropriate cases, act on your oral request for accommodations prior to receiving documentation, but we request that you complete this form for documentation purposes);
- If requested by Human Resources, complete Section 1 of the Documentation of Disability Form (separate form) and have your physician or care provider complete Section 2 of the form. Your doctor will submit the form directly to Human Resources.

The Department of Human Resources, together with you and your supervisor, will consider what reasonable accommodations are possible under the circumstances.

Section 1: Contact Information

Employee Name: _____

Job Title: _____ College/Division: _____

Department: _____ Supervisor: _____

Work Schedule (days/hours; full-time; part-time): _____

Work location: _____

Section 2: Accommodation Request

Indicate your physical or mental impairment and expected duration of impairment. Please note that it is not necessary to indicate a specific medical diagnosis (attach additional pages if necessary.)

What, if any, job function are you having difficulty performing?

What, if any employment benefit are you having difficulty accessing?

What physical or mental impairment is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same impairment at Goucher or elsewhere?

Yes ____ No ____

If yes, what were they and how effective were they?

If you are requesting a specific accommodation, please list the accommodation and indicate how the accommodation will assist you in performing your job.

Provide any additional information that might be useful in processing your accommodation request.

Signature _____

Date _____

Return this form to Human Resources.