

Dear Employee,

It is our understanding that you have made a request for accommodation due to disability pursuant to the Americans with Disabilities Act (ADA) or other applicable law. In order to adequately respond to your request, please provide us with the following information.

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Name: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**A. Questions to clarify accommodation requested:**

1. What specific accommodation(s) are you requesting?

2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain.

**B. Questions to document the reason for your accommodation request:**

1. What, if any, job function(s) are you having difficulty performing? Please be as specific as possible.
2. What, if any, employment benefit are you having difficulty accessing? Please be as specific as possible.
3. What limitation is interfering with your ability to perform your job or access an employment benefit?
4. If you are requesting a specific accommodation(s), how will that accommodation(s) assist you?

C. **Other.** Please provide us with any additional information that might be useful in processing your accommodation request.

\_\_\_\_\_  
Signature of Employee Making Request

\_\_\_\_\_  
Date

Please return this form to: \_\_\_\_\_