

ADA Accommodation Request Form

Name: <i>(Last)</i>	<i>(First)</i>
Department:	Job Title:
Campus Address:	Phone: <i>(Work)</i>
E-Mail Address:	Supervisor Name:

Identify your impairment, not your diagnosis, and describe how it impacts your ability to perform the essential functions of your job. Attach additional pages as necessary.

Identify your requested accommodation and explain how the accommodation will allow you to perform the essential functions of your job.

What is the anticipated duration of the accommodation?

Attach documentation from your health care provider describing your work-related limitations or restrictions. Please give your medical provider a copy of your current position description, so the provider can most accurately provide information about your work restrictions. All medical documentation is kept confidential and separate from other personnel information.

Employee Signature

Date

SUBMIT COMPLETED FORM AND DOCUMENTATION TO:

Human Resources & Payroll Services
264 Centennial Drive Stop 7127
Twamley Hall, Room 312
Grand Forks, ND 58202-7127

UND.humanresources@UND.edu

Please call the Human Resources & Payroll Services Office at 701.777.4226 with questions