



Human Resource Office
 Sheridan Hall, Room 110
 Phone: 785-628-4462

Faculty & Staff Reasonable Accommodation (ADA) Request Form

EMPLOYEE INFORMATION:

Name: _____ Date: _____
 Department: _____ Position Title: _____
 Supervisor's Name and Title: _____
 Current Work Status (F/T, P/T): _____

CURRENT WORK RELATED CONCERNS:

Describe the physical or mental impairment, illness, condition or disease that is impacting you in a way that negatively affects your work and is the reason for a reasonable accommodation request within the scope provided under the Americans With Disabilities Act of 1990, As Amended in 2008.

Please place an "X" next to those activities listed below that have been significantly affected by what you are currently experiencing as a result of the physical or mental impairment, illness, condition or disease currently being experienced.

- | | | | | | |
|--------------------------------------------------------------------------------|-----------------------------------|----------------------------------|---------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Standing | <input type="checkbox"/> Sitting | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning | <input type="checkbox"/> Lifting | <input type="checkbox"/> Manual Tasks | | |
| <input type="checkbox"/> Work Environment Sensitivity (select all that apply): | | | <input type="checkbox"/> Functional | <input type="checkbox"/> Psychosocial | |
| <input type="checkbox"/> Auto-Immune Sensitivities | | | | | |
| <input type="checkbox"/> Other (Please Describe): | | | | | |

Please describe how your condition limits your ability to perform the essential functions of your position.

Describe any special methods, skills or procedures that would enhance your abilities to better perform one or more of the essential functions of your job.

If your condition is episodic or in remission, please identify and detail the nature, frequency, severity and duration of anticipated future episodes.

What would be helpful support during an episode or flare up?

Is/are your physical or mental impairment, illness, condition or disease(s) acute or chronic?

- acute chronic If acute, how long do you anticipate the impairment(s) will last?