## WILLAMETTE

## **Accommodation Request Form**

First Time Applicant for Accommodation
Revision to previous Accommodation

In accordance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Willamette University provides reasonable accommodations to qualified individuals with disabilities to enable them to perform the essential functions of their positions. Any employee with a disability is welcome to request reasonable accommodation(s).

You may make a request for a reasonable accommodation to your supervisor, and/or to the Human Resource Office, whichever you feel is most appropriate. In the event that you make a request to your supervisor, the request will be forwarded to and reviewed with Human Resources. If you make the request directly to Human Resources, the request will be discussed with your supervisor to the degree necessary to properly evaluate the request and to implement any accommodation provided. You may request that Human Resources not disclose the nature of the disability to your supervisor. Whether, or to what degree, such a request can be honored will depend upon what information must be provided to your supervisor to allow them to assist in the decision regarding appropriate accommodations.

When you make a request for reasonable accommodation, you may be required to provide additional information from a medical provider documenting your condition, any limitations related to the condition, and the need for the accommodation requested. If such documentation is needed, Human Resources will request it from you during the process of evaluating your accommodation request. It is not necessary to provide the medical documentation when you submit this Accommodation Request Form. If you are provided with an accommodation, you may also be required to provide updated medical information at a later date.

Please do not provide any genetic information on this form or if you are asked to provide medical information to support your request for accommodation. Federal law prohibits employers from requesting genetic information of an employee or an employee's family member unless an exception applies. 'Genetic information' includes your family medical history, the results of your or your family member's genetic tests, the fact that you or your family member sought or received genetic services, and genetic information of a fetus or embryo.

Your request for a reasonable accommodation, and any information submitted in support of or related to the request, will be kept confidential, except that it will be shared with those University officials who are involved in evaluating and/or implementing the request.

<b>Employee Infor</b>	mation	
Employee Name:		
D I I		
Department		
Positon		
Questions to cla	rify accommodation requested.	
What specific acco	mmodation are you requesting?	
If you are not sure explore?	what accommodation is needed, do you have any suggestions about what options we can	☐ Yes* ☐ No
*If yes, please exp	ain.	
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your accommodation request time sensitive?	☐ Yes* ☐ No
f yes, please explain.	
uestions to document the reason for accommodation request.	
hat, if any, job function are you having difficulty performing?	
hat, if any employment benefit are you having difficulty accessing?	
hat limitation is interfering with your ability to perform your job or access an employment benefit?	
ave you had any accommodations in the past for this same limitation?	☐ Yes* ☐ No
f yes, what were they and how effective were they?	
you are requesting a specific accommodation, how will that accommodation assist you?	
ther	
ease provide any additional information that might be useful in processing your accommodation re-	quest:
Employee Signature/Date:	