

**UNIVERSITY OF ILLINOIS  
AT SPRINGFIELD**

Office of Disability Services, HRB 80  
Adaptive Technology Lab, HRB 93  
One University Plaza  
Springfield, IL 62703-5407

**Reasonable Accommodation Request Form  
Employment**

**CONFIDENTIAL**

This form should be used by University employees and/or applicants for employment who believe they have a disability and wish to request a reasonable accommodation under the Americans with Disabilities Act (ADA) or other applicable State and Federal civil rights laws. By considering this request, the University does not consider or regard the person as having a disability as defined by the Americans with Disabilities Act, the Illinois Human Rights Act, or any other applicable law. The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified University employee or applicant for employment. This form **must** be filed separately from the employee's personnel file and is a **confidential** document.

**SECTION I : Employee/Applicant**

To be completed by an **employee** requesting an accommodation.

Name	Telephone
Address	
Job Title/Classification:	
Request Date:	
Supervisor's Name:	Telephone:
Department/unit:	

To be completed by an **applicant** requesting an accommodation.

Name	Telephone
Address	
Position Applying for:	
Request Date:	

**UIS**

Office Phone (217) 206-6666 • Fax (217) 206-7154 • Lab Phone/ TTY (217)206-6668

E-mail – ODS@uis.edu • [www.uis.edu/disabilityservices](http://www.uis.edu/disabilityservices)

To be completed by both employees and applicants.

1. Identify your physical and/or mental impairment(s) for which you are requesting an accommodation and expected duration of the impairment(s).

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2. Explain how the impairment(s) listed in #1 affects your ability to perform the essential function(s) of your job/job applying for.

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3. List the accommodation(s) you are requesting in order to perform your essential job functions (attach additional pages if necessary).

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4. Medical verification of impairment (check the appropriate box):

I have enclosed the **applicable** medical documents with this request.

The disability and the need for a reasonable accommodation is obvious and no medical documentation is needed.

Explain \_\_\_\_\_

I have already provided sufficient medical documents relating to my impairment(s).

Please provide the documents and dates submitted.

I, \_\_\_\_\_, give the University of Illinois at Springfield, permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

## **SECTION II: To Be Completed by the Department or Unit**

1. Has the employee/applicant completed Section I? Yes \_\_\_\_ No \_\_\_\_

If no, request employee/applicant complete Section I.

2. Has an essential job function analysis been completed? Yes \_\_\_\_ No \_\_\_\_

If no, complete the analysis. If yes, attach to this request.

3. If applicable, has the employee/applicant provided medical documentation related to their request for a reasonable accommodation? Yes \_\_\_\_ No \_\_\_\_

If no, and the employee/applicant does not feel they need to provide medical documentation, contact the Human Resources Office for further guidance.

Person completing Section II:

Name \_\_\_\_\_

Title \_\_\_\_\_

Department/unit \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

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