

State of Wisconsin  
 Department of Employment Relations  
 Division of Affirmative Action  
 345 W. Washington Ave.  
 Madison, WI 53703

## DISABILITY ACCOMMODATION REQUEST FORM

<b>Agency or UW System Unit:</b>	<b>Division (or other secondary unit):</b>
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### SECTION I: Employee

<b>Employee Name:</b>	<b>Job Title:</b>
<b>Signature:</b>	<b>Date of Request:</b>
<b>My disability is</b> (e.g., visual impairment, arthritis, etc.):	
<b>My disability impairs my ability to perform assigned job duties in the following way</b> (attach additional pages if necessary):	
<b>The reasonable accommodation I am requesting is</b> (attach additional pages if necessary):	

### SECTION II: Employer

**Accommodation Request is:**  Approved  Denied  Modified

If *modified*, describe modification and give rationale. If *denied*, give rationale. (Attach additional pages if necessary.)

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<b>Name of person making decision:</b>	<b>Cost of Accommodation:</b> <input type="checkbox"/> Estimate <input type="checkbox"/> Actual
<b>Signature:</b>	<b>Date:</b>

#### DISTRIBUTION AFTER COMPLETION:

Original – Employee

Copy – Agency Confidential File

Copy – DER/DAA (with employee identification blinded)