



University of Wisconsin-Superior
Human Resources
PO Box 2000, Old Main
Superior, WI 54880

ADA/DISABILITY ACCOMMODATION REQUEST FORM FOR STAFF
SECTION I: Employee Information

This form is fillable, please open in Adobe in order to fill electronically

Employee Name: _____	Job Title: _____
Phone Number: _____	Office Location: _____
Department: _____	Supervisor's Name: _____
	Supervisor's Phone Number: _____
My disability is (e.g., visual impairment, arthritis, etc.):	
My disability impairs my ability to perform assigned job duties in the following way (attach additional pages if necessary):	
The reasonable accommodation I am requesting is (attach additional pages if necessary):	
Have you had any accommodations in the past for this same limitation? If yes, please explain when, where, and what was the accommodation?	Yes No
Have you discussed this disability impairment with your supervisor?	Yes No
Have you sought the request accommodation from your supervisor? If Yes, What was the result?	Yes No
I affirm that all statements made above are true to the best of my knowledge and belief.	
Employee's Signature: _____	Date: _____

INFORMED CONSENT ACKNOWLEDGEMENT

I give the ADA/Disability Support Services Coordinator the permission to discuss and consult with my physician/doctor and supervisor regarding my disability impairment and the request accommodation.

Employee's Name: _____

Employee's Signature: _____ Date: _____

When page 1 and the informed consent acknowledgment above is signed, please send to the Human Resources office.

SECTION II: Employer/ADA Coordinator

Documentation from health care professional submitted and attached? Yes No

Accommodation Request is: Approved Denied Modified

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

Name of person making decision:	Cost of Accommodation from EHS Director: Estimate Actual
Signature:	Date:

Distribution After Completion:

Original - Employee
Copy - HR Confidential ADA file
Copy - EHS Director