

Employee Reasonable Accommodation Request Form



It is the policy of the University of Wisconsin-Stevens Point (UWSP) that qualified individuals with disabilities are not discriminated against because of their disability in regard to job application procedures, hiring and other terms and conditions of employment. It is further the policy of UWSP to provide reasonable accommodations to qualified individuals with disabilities in all aspects of the employment process.

Disability

Under the Americans with Disabilities (ADA) and ADA amendments Act (ADAAA), an individual with a disability is a person who:

- has a physical or mental impairment that substantially limits one or more major life activities
- has a record of such impairment; or
- is regarded as having such impairment.

Under the Wisconsin Fair Employment Act (WFEA), an individual with a disability is a person who:

- has a physical or mental impairment which makes achievement unusually difficult or limits the capacity to work; or
- has a record of such impairment; or
- is perceived as having such impairment.

A reasonable accommodation is a modification or adjustment in the work environment or in the way things are customarily done that enables a qualified individual with a disability to apply for a job, perform the essential functions of the job, or to enjoy equal access to the benefits and privileges that nondisabled employees enjoy, as long as the modification does not impose undue financial or administrative hardship on the employer.

PLEASE COMPLETE AND RETURN TO HUMAN RESOURCES

Name: _____ Date of Request: _____

Department: _____ Job Title: _____

Home Phone: _____ Work Phone: _____

1. Briefly, describe the disability/medical impairments for which you are requesting an accommodation. (Your provider will be requested to complete a Health Care Provider inquiry form.)

2. What specific job accommodation(s) are you requesting? (If you are not sure, do you have any suggestions of options we can explore?)

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3. What functions of your assigned job duties are you having difficulty with? Please explain.

4. Explain how the accommodation(s) you are requesting will enable you to perform the essential functions of your job.

5. Have you had any accommodations in the past for this same limitation. If yes, what were they and how effective were they?

6. Please provide any additional information that might be useful in processing your accommodation request:

AUTHORIZATION

By my signature below, I authorize the University of Wisconsin-Stevens Point permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements.

I further understand that I am required to complete and sign this release of information, giving UW-Stevens Point permission to consult with my health care professional(s) in order to determine that I am a qualified employee with a disability and to seek guidance as to any functional limitations based on my disability.

Employee Signature

Date

Return Form To:

UWSP Human Resources 2100 Main Street, Room 133 Stevens Point, WI 54481
Fax: 715-346-3698

Questions? Please contact Terri Frank, Human Resources Compliance Specialist, 715-346-3915 or tfrank@uwsp.edu.