

Reasonable Accommodation Based on Disability Request Form

University of Florida

The Americans with Disabilities Act of 1990 (ADA) makes it unlawful to discriminate in employment against a qualified individual with a disability. To be protected under the ADA, an individual must have a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment; or being regarded as having a substantial impairment.

This form is designed to assist employees in requesting a reasonable accommodation. What is a reasonable accommodation? A reasonable accommodation is any change or adjustment to a job or work environment that does not cause an undue hardship on the department or unit and which permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. For example, a reasonable accommodation may include providing or modifying equipment or devices, job restructuring, allowing part-time or modified work schedules, reassigning an individual, adjusting or modifying examinations, modifying training materials or policies, providing readers and interpreters or making the workplace readily accessible to and usable by people with disabilities.

Instructions

This form must be completed whenever an employee requests an accommodation. Submit this form to the ADA Office (contact information below). The ADA office will then contact the department and employee to schedule an accommodation meeting. If the employee requires any assistance in completing this form, call 273-1094 or 711 (TDD/TTY) for assistance, or email rfroman@ufl.edu. Please note that in the procedures below we do allow for an oral request.

Designation of Responsible University Official

ADA Office Contact Information

Dr. Russ Froman
ADA Compliance Officer
University of Florida
1098 Stadium Road/427 Yon Hall
Gainesville, FL 32611
rfroman@ufl.edu
352-273-1094
711 (TDD/TTY)

The Process

1. Employee – complete reasonable accommodation request form. If completion of form is difficult contact the ADA Coordinator (Dr. Froman) for a verbal request. There are no “magic words” required to make a request but the employee must initiate the request in writing or verbally. Third party requests will only be accepted when authorized by the employee/applicant in writing. The employee seeking an accommodation and using a third party designee will submit in writing the contact information for the designee and sign and date the request.
2. At any point during the initial request, if questions arise, contact Dr. Froman for assistance.

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3. The form once completed should be submitted to Dr. Froman. The reasonable accommodation request form can be submitted electronically, faxed or mailed. Once a form is submitted or a verbal request is made, Dr. Froman will contact the employee's supervisor to plan a meeting to discuss the requested accommodation. For current employees the accommodation meeting will involve the employee requesting the accommodation, ADA Coordinator (Dr. Froman), immediate supervisor(s).
4. During the accommodation request meeting the accommodation(s) will be discussed. A response will be provided in writing for each request made. After the conclusion of the meeting all parties will know the disposition of each requested accommodation (approved, modified or denied with reasons). Each party will sign-off on the completed form.
5. Recurring requests – accommodations such as interpreters for meetings shall need to be approved only once at the initial accommodation request meeting. All recurring accommodations will only need the initial approval. Only when a new accommodation is requested will a new form or oral request be required with follow up meeting by parties mentioned in 3 above.
6. Medical documentation – no accommodation(s) will take place without medical documentation of the disability. Physician statement, individual counselor statement, physical therapist statement, Occupational Therapist statement are all appropriate and accepted statements. For those current employees with visible disabilities (disabilities such as but not limited to, chair user or other device, visually impaired, hearing impaired/deaf) the accommodation will be provided pending submission of documentation. The ADA Compliance Office will determine when medical documentation is required.
7. Written confirmation of receipt of request – upon receipt of the accommodation request, notification will be provided to the employee requesting an accommodation by either email, phone call or letter.
8. Time frame for processing requests – depending upon the circumstances, each employee's request will be handled as expeditiously as possible. In cases where supporting documentation is not needed or when medical documentation is provided immediately, every effort will be made to hold the accommodation request meeting and provide the approved accommodation within 5-10 working days. For those cases where medical documentation is forthcoming or when special equipment or construction is required each case will be handled on a one-to-one basis with the goal of not exceeding 30 working days.
9. Response to accommodation request – during the accommodation meeting the accommodation form will be completed so that all parties know the outcome of the request(s) made by the employee. If more than one request is made, a response will be given for each request.

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Individual Requesting/Needing Reasonable Accommodation: (Type or Print)

Name: _____	Date: _____
Address: _____	
Email Address: _____	Phone: _____
Employment Information:	
Position Number _____	UF ID # _____
Classification Rank/Title _____	
Department/Division _____	
Supervisor's Name _____	Phone _____

Functions of the Position

List the function(s) identified on the position description that the individual cannot perform or perform fully:

Essential Functions	Marginal Functions

What evidence or documentation exists to support the need for an accommodation based on disability? (Documentation to be provided by employee.)

- | | |
|------------------------------|----------------------------------|
| _____ Individual's Physician | _____ Occupational Therapist |
| _____ Individual's Counselor | _____ Vocational Rehab Counselor |
| _____ Physical Therapist | _____ Other |

Accommodation(s) Identified by the employee requesting accommodation:

This form can be submitted as an email attachment with the steps below.

1. In the upper left-hand corner of the Internet Explorer browser window, Click on File, then Save As on a local drive to keep a copy
Click on File, then Send Page by Email
2. In the newly opened email window, type rfroman@ufl.edu in the TO field and click Send

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**Meeting with Individual Requesting/Needing a Reasonable Accommodation
Discussion of Accommodation Request**

PRINT OR TYPE

A meeting was held on _____ to discuss the accommodation request.
Response to accommodation(s) requested by the employee

Meeting attended by _____

Selection of Accommodation(s)

The following accommodation(s)/modification(s) have/will take place:

Accommodation/modification	Date of action	Cost
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Approximate cost of accommodation(s) requested \$ _____

List any Consultant/resources utilized that assisted in selecting accommodation(s):

Departmental supervisor authorization of approved accommodations
Name: _____ Date: _____

ADA Office authorization of approved accommodations
Name: _____ Date: _____

Employee with Disability Approval of Accommodations Provided
Name: _____ Date: _____

For additional information or assistance in completing this form, contact the ADA Coordinator, ADA Office, 273-1094 (V), 711 (TDD/TTY), or email at rfroman@ufl.edu.

Upon request, this form is available in alternate format. Contact the ADA Office.