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
Assistant Vice Present ADA and Title IX Compliance
University of Florida
1908 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 Compliance Office 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 the ADA Compliance Office for assistance.
3. The form once completed should be submitted to the ADA Compliance Office. The reasonable accommodation request form can be submitted electronically, faxed or mailed. Once a form is submitted or a verbal request is made, the ADA Compliance Office will assign the request to the appropriate ADA representative: All employee requests that require the interactive process will be handled by the ADA Case Manager including all Faculty, Adjunct, Residents, Post-Docs, Fellows, Visiting faculty, TEAMS, USPS and OPS.

4. The ADA Case Manager will make an initial review of the accommodation request and make notes of any additional documentation that is needed to move forward. Initial contact will be made to the employee by either phone, email or letter.

5. A meeting (either by phone or in-person) will take place separately with the employee and the employee’s supervisor as soon as possible but depending on the employee’s and supervisor’s schedule.

6. A written response will be provided for each request once the interactive process is concluded. The disposition of each request will be either approved, modified, or denied with reasons. This written response will be submitted to all those who attended the accommodation meeting, including to the ADA Compliance Officer.

7. Any denial will need to be reviewed by the ADA Compliance Officer.

8. 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.

9. 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.

10. Time frame for processing requests – depending upon the circumstances, each employee’s request will be handled as expeditiously as possible. 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.
Job Applicant and Employee  
Request for Reasonable Accommodation Based on Disability Form  
University of Florida – ADA Compliance Office  

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

<table>
<thead>
<tr>
<th>Name: _______________________________________________________</th>
<th>Date: ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>UFID: _______________ Email Address_____________________________</td>
<td></td>
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<tr>
<td>Phone: _______________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Employment Information:

| Classification Rank/Title____________________________________ |   |
| Department/Division_________________________________________ |   |
| Supervisor’s Name___________________________________________ | HR Liaison__________________ |

Please describe the physical and/or mental impairment(s) that led to this request for reasonable accommodation and, if applicable, the expected duration of the impairment(s). Please note that it is not necessary to indicate a specific medical diagnosis.
How does your impairment impact your ability to complete your assigned tasks?

Describe the reasonable accommodation you are proposing – please be as detailed as possible.

What documentation are you including to support the need for an accommodation based on the disability? (Documentation to be provided by employee.)

___Individual's Physician  _____Occupational Therapist
___Individual's Counselor  _____Vocational Rehab Counselor
___Physical Therapist       _____Other

This form can be submitted as an email attachment with the steps below:
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
In the newly opened email window, type adaservices@ufl.edu in the field and click Send.

For additional information or assistance in completing this form, contact the Office of ADA and Title IX Compliance
at 1908 Stadium Road Gainesville, FL 32611-5000
phone 352-273-1094 TTY 1-800-955-8771