

Complete this form to request an employee ADA accommodation through the university's interactive process. In order to process the request, the Office must receive the Accommodation Request Form and the Medical Certification Form or a similar letter on official letterhead from the treating medical provider, that addresses the information requested. **Email the completed and signed forms to the Office for Accessibility and Gender Equity at adaservices@ufl.edu.** To learn more about the interactive process [visit this page](#). All fields on these forms must be completed for processing to occur.

SECTION 1: EMPLOYEE INFORMATION

Employee Name: _____ **UFID:** _____

Job Title: _____ **Department:** _____

Supervisor Name: _____ **Supervisor Email:** _____

SECTION 2: QUALIFYING DISABILITY

1. Please identify the physical or mental condition for which you are requesting an accommodation.

2. Please identify all the major life activities and/or major bodily functions that are affected by this condition.

Major life activities can include, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major Bodily Functions can include, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

3. Please describe how the condition affects your ability to perform the essential functions of your job.

4. Describe the accommodation(s) that you are requesting. Please be as specific as possible.

SECTION 3: CERTIFICATION OF INFORMATION

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____