



## ADA Employee Accommodation Request Form

This form must be completed and submitted to the ADA/504 Coordinator in the [ADA Office](#) when an employee wishes to make a request for accommodation due to a disability or condition. To be eligible for a reasonable accommodation under the Americans with Disabilities Act Amendments Act (ADAAA, 2008), the employee must be qualified to perform the essential functions of their position with or without an accommodation and have a qualifying disability or condition that impacts a major life function or a major bodily function. All medical-related information shall be kept confidential and maintained separately from other personnel records.

More information on the University's process and resources can be found on the [ADA Office's website](#). Individuals in need of a telecommunications relay service may contact **TTY: 1-800-955-8771**. Individuals in need of assistance completing this form may contact the ADA Office at (352) 294-8720 or by email at [adaservices@ufl.edu](mailto:adaservices@ufl.edu).

### Employee Information

Employee Name\*:

UF ID Number\*:

Best Contact Number\*:

UF Email Address\*:

### Additional Information

Accommodations may be temporary or enduring depending on the disability or condition. For example, a broken leg is a temporary condition that may result in an interim, time-limited accommodation whereas, a condition such as cerebral palsy would be enduring and may result in long-term applied accommodations.

Which accommodations are you requesting?\*

- Interim for a temporary disability/condition
- Enduring for a long-term established disability/condition
- Don't know

Is your disability and/or condition related to a workers' compensation injury?\*

- YES
- NO

1. List all disabilities or conditions that would apply in the workplace and describe the nature, severity, and duration of each disability or condition?\*

2. Does the disability or condition substantially limit a major life activity (for example: walking, seeing, hearing)?\*

- YES
- NO

3. If YES, please check those that apply.

- Bending
- Breathing
- Caring for Self
- Concentrating
- Eating
- Hearing
- Interacting with Others
- Learning
- Lifting
- Performing Manual Tasks
- Reaching
- Reading
- Seeing
- Sitting
- Sleeping
- Speaking
- Standing
- Thinking
- Walking
- Working
- Other

4. If other, please describe.

5. Does the disability or condition substantially limit a major bodily function (for example cardiovascular, endocrine, neurological)?\*

- YES
- NO

6. If YES, please check those that apply.

- Bladder
- Bowel
- Brain
- Cardiovascular
- Circulatory
- Digestive
- Endocrine
- Genitourinary
- Hemic
- Immune
- Lymphatic
- Musculoskeletal
- Neurological
- Abnormal Cell Growth
- Operation of an Organ
- Reproductive
- Respiratory
- Special Sense
- Organs & Skin
- Other

7. If other, please describe.

8. Describe the impact of the disability or condition in the context of your work environment and specifically how you believe it impacts your ability to perform the essential functions of your position. Note: Essential functions or duties are those that are the primary responsibilities of your position.\*

9. Please list the accommodations that you are requesting. Be as specific as you can.\*

10. Please add any additional information that you believe may be relevant to the evaluation of your request for accommodation.\*

11. Do you have a current performance plan in place?\*

- YES
- NO

By signing and submitting this form, I affirm that the information I have provided on this form is accurate, and that I am formally requesting to enter the accommodation process.\*

- YES
- NO

Select today's date:\*

Employee's signature\*:

## Supporting documentation

NOTE: You may begin the accommodation process with or without attaching documentation to this request. However, if submitting documentation, please use the Employee ADA Medical Certification Form, which must be completed by your qualified provider. 5GB maximum total size. If you do not use the Employee ADA Medical Certification Form, the qualified provider must address each of the questions on the form.

**Please provide attachments via email when submitting this form.**