Employee Name       ID

SSN       Date       FTE

Title

Department

Work Location       Phone

Supervisor       Phone

Work Schedule *(Days and Hours)*

**Please use back of sheet if you need more room to answer any questions listed below.**

1. Please describe the physical, mental, or cognitive impairment(s) that limit your ability to do your job.

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2. Describe the accommodations you are requesting. Be as specific as possible (i.e. if you are requesting a piece of equipment or device, please provide description, manufacturer, cost, where to order, etc.)

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1. Describe how the requested accommodations will enable you to perform your job.

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1. Please provide any other information that might help Messiah University evaluate request.

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I give Messiah University permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate University personnel and/or my health care professional. 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 will be required to provide appropriate documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job.

Signature Date