



Employee Accommodation Request Form

It is the policy of Auburn University to employ, to advance in employment, and to treat qualified employees with disabilities without discrimination. Where an employee is determined to have an ADA-qualifying disability, reasonable workplace accommodations will be made.

To be eligible for reasonable accommodations under the Americans with Disabilities Act, you must be qualified to perform the essential functions of your position with or without an accommodation and have a qualifying disability.

When you make a request for reasonable accommodation, you will be required to provide verification from a healthcare provider documenting your condition, any limitations related to the condition, and the need for the accommodation requested. **It is your responsibility to ensure that your treating physician returns the Employee Accommodation Verification Form.**

Please do not provide any genetic information on this form. Federal law prohibits employers from requesting genetic information of an employee or an employee's family member unless an exception applies. 'Genetic information' includes your family medical history, the results of your or your family member's genetic tests, the fact that you or your family member sought or received genetic services, and genetic information of a fetus or embryo.

Your request for a reasonable accommodation, and any information submitted in support of or related to the request, will be maintained in the Office of Equal Opportunity Compliance and will be shared only on a need-to-know basis. **Name:**

Title/Position/Unit:

Phone Number:

E-Mail Address:

Banner ID:

Immediate Supervisor:

Supervisor's Phone Number:

You may attach additional sheets of paper to complete the following sections: Please describe the condition for which you are requesting an accommodation.



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Please identify possible reasonable accommodations that may enable you to perform the essential functions of your job.

Have you had any accommodations in the past for this limitation? _ Yes No

If yes, what accommodations were provided?

I acknowledge that I am requesting a reasonable accommodation based on a disability. I agree to fully cooperate with the Office of Equal Opportunity Compliance in responding to my request, including providing medical or mental health documentation as requested. I understand that I may not be provided with the specific accommodation that I have requested; however, I understand that good-faith efforts will be made to provide an accommodation that is reasonable and responsive to my disability. I verify that the information provided above is complete and accurate to the best of my knowledge.

Signature of person requesting accommodation

Date

The completed form should be submitted to Office of Equal Opportunity Compliance, 317 James E. Foy Hall, Auburn University, AL 36849; Fax: 334.844.4793; email: eoc@auburn.edu