



UNIVERSITY OF DALLAS

The Catholic University for Independent Thinkers

Accommodation Request

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability, or other medical condition, to perform one or more essential job functions safely and effectively. Should this request require physician review, the employee will need to submit a medical information release form. All information relating to this request, including medical documentation shall be maintained in Human Resources in a separate file from the employee personnel file and shall be treated as confidential.¹ Please return this completed form to Human Resources.

Note that having a medical condition alone may not be sufficient for accommodation(s). However, the University will make every reasonable² effort to accommodate employee requests. Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

NAME: _____

JOB TITLE: _____

SUPERVISOR: _____

TELEPHONE: _____

1. What are the job-related functions of your position that require the need for an accommodation?

2. Please indicate the nature, extent, and duration of the qualifying disability that limits your ability to perform one or more essential job functions (it is not necessary to indicate a medical diagnosis or condition).

Nature: _____

Extent: _____

Duration: _____

3. Please describe how your disability, or medical condition, limits your ability to perform the essential job functions of your position.

¹ Access is limited to supervisors/managers who need to be informed regarding necessary work restrictions and accommodations, and first aid personnel (when appropriate).

² There are a number of considerations taken into account when determining employer "undue hardship" in meeting an accommodation request, including (but not limited to), institutional capabilities, funding, the limited number of other employees available to perform the function (or among whom the function can be distributed), and highly specialized functions.

4. List possible accommodations needed in order to perform the essential functions of the job.

5. How will the listed accommodation(s) enable you to perform the essential functions of the job?

Signature

Date

Human Resources Representative

Date