



HUMAN RESOURCES - EMPLOYEE RELATIONS

UNMC EMPLOYEE ADA ACCOMMODATION REQUEST FORM

If you are requesting a workplace accommodation due to a qualifying disability under the ADA, please complete the below information and provide to Employee Relations at employeerelations@unmc.edu. A representative from Employee Relations will contact you about your request.

Employee Name: _____ Date of Request: _____
Employee ID#: _____ Employee Email: _____ Phone: _____
College/Unit: _____ Department: _____ Job Title: _____
Supervisor: _____ Phone: _____
Check one: Faculty _____ Managerial/Professional _____ Office/Service _____ Other Academic _____
Applicant _____

Employee Home Address, City and State: _____

I understand that the University reasonably accommodates the known disabilities of applicants and employees, unless to do so would fundamentally change the job or results in an undue hardship on the University. This voluntary request is to let the University know of a disabling condition I have and to initiate discussion of a possible accommodation for that condition.

Disability: An individual is considered to have a disability if they have a physical or mental impairment that substantially limits one or more major life activities; has a record of impairment; or is regarded as having an impairment.

Please describe your specific job related needs for accommodation (i.e. what functions of your job are you having difficulty/unable to perform and why):

Please list possible accommodations (i.e. work schedule changes, office equipment, alternate procedures/methods, reduction/removal of functions):

Employee Signature _____ Date _____