



CONFIDENTIAL
American Disability Act Employee
Accommodation Request Form

This form should be completed by applicant/employee requesting a reasonable accommodation in accordance with the Americans with Disability Act (ADA).

Name:

Date of request:

Campus Address:

Campus Phone Number:

Department:

Classification/Position Title:

Please answer the following questions to assist the agency in understanding the basis and nature of your request for accommodation. The information you provide will be treated confidentially and will be handled on a need-to-know basis.

What are the essential duties and responsibilities of the position which will be or are affected by your disability?

Given your limitations, what parts of your assigned job duties are impeded by your condition?

Describe the type of accommodation needed to enable you to participate in a university program or activity?

Will you able to perform all the essential functions of your job if you receive the requested accommodations? If not, describe the functions you will not be able to perform.

Provide any additional information that may help determine suitable accommodations.

Employee Signature:

Date:

Upon completion, submit to your supervisor OR forward directly to:

**West Chester University Office of Human Resources
Labor Relations Specialist
CONFIDENTIAL- Disability Accommodation
201 Carter Drive, Suite 100 West Chester, PA 19383**