



Disability Accommodation Request Form

I am requesting that Indiana University-Purdue University Indianapolis provide me with a reasonable accommodation to perform the essential function(s) of my job.

EMPLOYEE INFORMATION

Employee Name: _____ Job Title: _____

Campus Address: _____

Home Address: _____

Telephone: (W) _____ (H) _____ (Cell) _____

Department Head/Supervisor (Name/Title: _____

School/Department/Unit: _____ Telephone: _____

DESCRIPTION OF HEALTH CONDITION

I have a disabling condition that may be defined as a disability by the Americans with Disability Act: *(describe the condition requiring an accommodation)*

This condition prevents or has prevented me from performing the following essential functions of my job:

(Attach additional pages, if necessary)

ACCOMMODATION REQUEST

I am requesting the following accommodation(s) that will allow me to perform the essential function(s) of my job (*list possible devices, equipment and alternative methods/procedures*):

(Attach additional pages, if necessary)

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby request a reasonable accommodation due to my disability. I authorize Indiana University-Purdue University Indianapolis to review my eligibility and qualifications for an accommodation under the Americans with Disability Act. I understand that all information obtained during this process will be maintained and used in accordance with the ADA confidentiality agreement. ***I understand that this form will be maintained separately from my official personnel file.***

Date _____ Employee's Signature _____

NOTE: Please attach all pertinent medical certification. The medical certification must include documentation supporting the need for the requested accommodation.

If you wish to obtain this information in an alternative format, please contact the Office of Equal Opportunity, at (317) 274-2306 or email affaindy@iupui.edu.