University of Nebraska Medical Center

HUMAN RESOURCES - EMPLOYEE RELATIONS
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: _____ Department: _____

College/Unit: ____ Employee Email: _____ Phone**:**_____

Job Title: _____ Supervisor: _____

Check one: Faculty ___ Managerial/Professional ___ Office/Service ___ Other Academic___

Applicant ___ Other (specify)_____

Employee Home Address, City and State: _____

I understand that the University provides reasonable accommodations for known disabilities of applicants and employees, unless doing so would fundamentally alter the nature of the job or create an undue hardship for the University. This voluntary disclosure is intended to inform the University of my disability and to begin a discussion about possible accommodations.

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: _____