



OFFICE OF
**EQUAL OPPORTUNITY
 AND ACCESS**
Illinois State University

REASONABLE ACCOMMODATION REQUEST FORM: CONFIDENTIAL

NAME:	
UID:	SUPERVISOR:
POSITION:	DEPARTMENT:
CAMPUS ADDRESS:	PHONE NUMBER:
HOME ADDRESS:	

Identify your physical and/or mental impairment (s) for which you are requesting a reasonable accommodation: _____

Identify the expected duration of the physical and/or mental impairment (s) for which you are requesting a reasonable accommodation: _____

Explain how the impairment (s) listed above affects your ability to perform the essential functions (s) of your job: _____

List the reasonable accommodation (s) you are requesting in order to perform your essential job functions: _____

I, _____, give Illinois State University permission to explore employment related reasonable accommodations. I understand that all information obtained from medical examinations and inquiries will be job-related and consistent with business necessity and will be maintained and used in accordance with the Americans with Disabilities Amendments Act of 2008 (ADAA), and all applicable State and Federal laws, or under the provisions of any similar and appropriate sections of succeeding ADAA laws. The ADAA provides that ADA related medical files must be kept separate and apart from the location of personnel files, and that access is limited to those personnel involved in the implementation of workplace accommodations. By considering this request, the University does not consider or regard the person as having a disability as defined by the Americans with Disabilities Act, the Illinois Human Rights Act, or any other applicable law.

I VERIFY THAT THE ABOVE INFORMATION IS CORRECT:

 Signature Date _____