

**ADA Reasonable Accommodation Request Form**

**Date:** \_\_\_\_\_

**Employee's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

Describe the nature, extent, and duration of your disability:

Describe the accommodations you believe are needed to enable you to perform the essential functions of this job:

Provide the name, address, telephone, and fax numbers of your health care provider. The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

I authorize the release of information regarding my disability to Notre Dame de Namur University management as deemed necessary by human resources to facilitate this request for accommodation.

**Employee signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_