

Reasonable Accommodation Request Form

The purpose of this form is to assist the Disability Resource Center (DRC) in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform the essential functions of his/her job safely and effectively. This form will be treated confidentially and filed at the DRC. It will be maintained separately from any personnel records. You may fax this form to (520) 626-5500, email it to workplaceaccess@email.arizona.edu, or return it in person to the DRC.

To be completed by employee requesting reasonable accommodation(s):

Employee Name:	Home Phone:
Home Address (Street or PO Box, City, Zip):	Cell Phone:
Email Address:	Work Phone:
Department Name:	Job Title:
Department Head/Supervisor:	Department Head/Supervisor Phone:

Disability/condition:

Requested Accommodation(s):

By typing or signing this consent, I give the Disability Resource Center (DRC) at The University of Arizona permission to explore reasonable accommodation(s) at my request. This will include an analysis of the essential functions of my position, consultation with my supervisor(s) as well as possible consultation with my health care provider(s).

Employee Signature: _____ Date: _____