



**EMPLOYEE REQUEST FORM  
DISABILITY-RELATED ACCOMMODATIONS**

The University of Oregon is committed to providing reasonable workplace accommodations to qualified employees with disabilities.

Workplace accommodations are intended to assist individuals with disabilities overcome limitations that interfere with their ability to perform the functions of their job, to engage in the application process and to enjoy the benefits and privileges of employment. Examples of disability-related accommodations include ergonomic furniture, modifications to university policies, assistive technology, reassignment of marginal job functions, or extended leave.

Human Resources (HR) administers the university's disability accommodation process for employees. This includes determining whether an employee's medical condition constitutes a disability as defined under the Americans with Disabilities Act, as amended, and working to ensure that employees with disabilities have an opportunity to engage in an interactive process with the objective of providing reasonable accommodations that will enable them to perform the essential elements of their job. Each request for accommodation is assessed on an individual basis.

As an initial step in the accommodation process, please complete this form. This will help us understand how your medical condition impacts your ability to perform the functions of your job and what accommodations you believe would be effective at overcoming those limitations. Please note that while the university takes an employee's specific request for accommodation into account, it may provide a different, effective accommodation.

Once completed, please send this form (or a copy) to the Human Resources by regular mail at 5210 University of Oregon, Human Resources ADA Coordinator, Eugene, OR 97403, or by fax at (541) 346-2548 or by email to [WorkplaceADA@uoregon.edu](mailto:WorkplaceADA@uoregon.edu). Upon receipt, an employee from HR will contact you to discuss next steps in the accommodation process. An employee's active participation in identifying reasonable accommodations is required and any medical information obtained by HR is maintained confidentially.

Please do not hesitate to contact the ADA Coordinator at (541) 346-3159 or by email at [WorkplaceADA@uoregon.edu](mailto:WorkplaceADA@uoregon.edu) if you have any questions.

We look forward to working with you through this process.

**Human Resources, ADA Coordinator**

5210 University of Oregon, Eugene, OR 97403-5210

T (541) 346-3159 F (541) 346-2548 [hr.uoregon.edu](mailto:hr.uoregon.edu)



Please provide the following information:

Today's Date:

Name:

Duck ID:

Job Title and Department:

Manager/Supervisor:

Your Contact Information:

Preferred Email Address:

Preferred Phone Number:

Preferred Mailing Address:

Please provide answers to each of the following inquiries:

- (1) Do you have a medical condition that impacts your ability to perform the functions of your job? Yes \_\_\_ No \_\_\_ If yes, what job functions are impacted?
  
- (2) Is the medical condition temporary or permanent? If the condition is not permanent, please identify the anticipated duration of the condition.



(3) Workplace accommodations are intended to help an employee overcome physical or mental limitations caused by a disability that interfere with their ability to perform the functions of their job. Please identify the workplace accommodations that you are requesting and be as specific as possible (e.g., assistive technology, reader, interpreter, schedule change).

(4) Please provide any additional information that you believe is relevant to your request for accommodation.

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Employee Signature

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Date