

## Millersville University – Employee Request for ADA Accommodation

The purpose of this form is to assist you to initiate a request for reasonable accommodation under the Americans with Disabilities Act (1990). As a part of this evaluation, information is required regarding your disability, essential job functions, applicable functional limitations and your requested accommodation(s). Please complete and return this signed request to the Office of Human Resources. Once submitted, you will be contacted for additional information and provided with a Medical Certification and a current job description for review by a physician.

### **General Information (please print)**

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
M-Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Department/Building/Location

\_\_\_\_\_  
Home Telephone or Cell Number

### **Disability and Accommodation Information**

Describe the nature of the disability: \_\_\_\_\_  
\_\_\_\_\_

What limitation(s) is interfering with your ability to perform your job or access employment benefits?  
\_\_\_\_\_  
\_\_\_\_\_

Specify the limitations to performing the essential functions of the job or accessing employment benefits:  
\_\_\_\_\_  
\_\_\_\_\_

Specify the nature of your requested accommodation(s), including equipment, aids or services:  
\_\_\_\_\_  
\_\_\_\_\_

How will this accommodation assist you in performing your duties? \_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement**

I understand that it will be my responsibility to complete a Release of Medical Information Statement and to provide a Medical Certification Statement to the Office of Human Resources for my request to be evaluated. I further understand that the Office of Human Resources or the Office of Learning Services will evaluate and respond to me based upon the information that I provide.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Please initial here if additional information is attached to this request.

*Questions??? Call the Department of Human Resources at 871-4950.*