

**UW-MADISON FACULTY
 DISABILITY ACCOMMODATION
 REQUEST FORM
 CONFIDENTIAL**

Division, School or College 1.	Division (or other secondary unit) 2.
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Section I: Employee (Complete Section I only. Submit entire form to departmental chair or executive committee.)

Faculty Rank 3.	Date of Request 4.
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FOR INFORMAL REQUESTS, GO TO 9. BELOW

Name 5.	Signature 6.
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7. My disability is (e.g., visual impairment, arthritis): _____

8. My disability impairs my ability to perform assigned job duties in the following way (attach additional pages if necessary):

9. The reasonable accommodation I am requesting is (attach additional pages if necessary): _____

Section II: Employer (Refer to "Faculty Disability Accommodation Under the ADA", Faculty Document #1159a)

10. Accommodation Request Decision: Approved Denied Modified

11. (If modified or denied, attach a description of the modification and provide rationale for modification or denial.)

Name of person making decision 12.	Cost of Accommodation 13. Estimate <input type="checkbox"/> Actual <input type="checkbox"/>
Signature 14.	Date 15.

After employer completes Section II, distribute as follows:

Original – Office for Equity and Diversity, **Copy 1** – Employee, **Copy 2**- Departmental Executive Committee Confidential file