Employee Instructions:
- Complete Section I only
- Print and sign form
- Make a copy for your records
- Send Original form to your DDR* in a “Confidential” envelope

*To identify your DDR (Divisional Disability Representative), go to www.oed.wisc.edu/divisional-disability-representative.htm and scroll down to your division or contact the Office for Equity and Diversity at 263-2378.

### Section I: Employee (Complete Section I only. Submit entire form to DDR.)

<table>
<thead>
<tr>
<th>Division, School or College</th>
<th>Employing Unit</th>
<th>Date of Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>4.</td>
</tr>
</tbody>
</table>

**FOR INFORMAL REQUESTS, GO TO 9. BELOW**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>6.</td>
</tr>
</tbody>
</table>

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 campus “Classified Staff Disability Accommodation Policy.”)**

10. Accommodation Request Decision:  □ Approved  □ Modified  □ Denied

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

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Name of person making decision</th>
<th>Cost of Accommodation</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>13.</td>
<td>15.</td>
</tr>
<tr>
<td></td>
<td>Estimate □ Actual □</td>
<td></td>
</tr>
</tbody>
</table>

After decision, DDR will distribute as follows:

**Original** – Office for Equity and Diversity, **Copy 1** – Employee, **Copy 2** - Division **Confidential** file, **Copy 3** – OSER/DAA. (Employee Identification Blinded.) DDR will notify supervisor of accommodations(s) to be provided.