

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

**Instructions:**

- Complete Section I only
- Print and sign form
- Make a copy for your records
- Send Original form to your Divisional Disability Representative (DDR)

\*To identify your DDR go to [www.oed.wisc.edu/divisional-disability-representative.htm](http://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**

Division, School or College	1.	Division (or other secondary unit)	2.
Position Title	3.	Date of Request	4.
Name	5.	Signature	6.

7. My disability is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 Reasonable Accommodation Policy & Procedures", Faculty Document #1159b)

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    Estimate <input type="checkbox"/>	13.
		Actual <input type="checkbox"/>	
Signature	14.	Date	15.

After decision DDR distributes as follows:

**Original** – DDR confidential medical file   **Copy** – Employee