



**Office of Human Resources - Employee Engagement & Equal Employment Opportunity**  
**ADA Accommodation – Employee Request Form**

General Mailbox: [workplaceissues@depaul.edu](mailto:workplaceissues@depaul.edu)  
Phone: (312) 362-7182 Fax: (312) 476-3232

In order for us to work together and address your request for reasonable accommodation, please complete the following steps:

1. Complete this Employee Request Form.
2. Take a copy of your job description to your healthcare provider and have the provider complete the Healthcare Provider Certification. A copy of your job description may be obtained by requesting it from Employee Relations
3. Submit the completed and signed documents to Human Resources.

**NAME:**  **TITLE:**

**EMPLID:**  **PHONE:**

**EMAIL:**

**DEPARTMENT:**  **MANAGER:**

**Type of Accommodation Requested** (check any that apply)

- Disability or medical condition**                       **Pregnancy, childbirth or related condition**

1.) Identify any physical or mental impairment that is the basis of your request for reasonable accommodation(s):

2.) Please describe how any limitations resulting from the impairment interfere with your ability to perform the essential function(s) of your job:

3.) Please provide the name, address, phone and email information for the healthcare provider who will certify your need for accommodation. **You will need to give the healthcare provider a copy of your job description and have the provider complete and sign the Healthcare Provider Certification Form and return it to Human Resources.**

4.) List the accommodation(s) you are requesting. Please describe how the requested accommodation(s) will enable you to perform the essential function(s) of your job.

5.) How long will you need the requested accommodation?

From \_\_\_\_\_ to \_\_\_\_\_

Indefinite

***Please explain:***

Additional Comments:

### **The Office of EE & EEO will:**

- **Consult with you as necessary to evaluate your accommodation request and required documentation.**
- **Review your ADA accommodation documentation.**
- **Consult with management to discuss requested ADA accommodations.**
- **Meet with you to go over the decision on the request and provide you with a letter approving or denying the request.**

Employee Signature/ Date

ADA requests may be submitted in person to The Office of Human Resources-14 E. Jackson Blvd, Suite 1300, Via email at [workplaceissues@depaul.edu](mailto:workplaceissues@depaul.edu) and faxed to (312) 476-3232

#### **Confidentiality**

Materials related to an employee's ADA accommodation request, including the written request for accommodation and any other documentation/ information, will be kept confidential and separate from your personnel file, but may be disclosed for University/department business reasons or as necessary to effectuate the accommodation. For additional information, please contact EE&EEO at (312) 362-7182