Employee Accommodation Request Form

This form must be completed by the employee when making a request for accommodation due to a documented disability covered by the Americans with Disabilities Act (ADA). To be eligible for a reasonable accommodation under the ADA, employees must be qualified to perform the essential functions of their position, with or without an accommodation, and have a qualifying disability that substantially limits a major life activity.

Employee Name: _____________________________      CWID: ________________________________
Job Title: ________________________________      Work Phone: ___________________________
Department: ________________________________      Work Location: __________________________
Supervisor Name: ____________________________         Supervisor Phone: _______________________
Work Schedule: (Days & Hours) ______________________________________________________________

1. Please describe the physical, mental, or cognitive impairment(s) which you claim limits your ability to fully perform your job.

2. Is your impairment short-term or long-term? If short-term, how long do you expect to be impaired?

3. Please describe what specific parts of your job you are unable to fully perform because of your impairment. Include the essential functions that cannot be fully performed, and/or job-related limitations.

4. Describe the accommodations you are requesting. Be as specific as possible (i.e., if you are requesting a piece of equipment or a device, please provide description, manufacturer, cost, where to order, etc.).

5. Describe how the requested accommodations will enable you to perform those aspects of your job that you cannot fully perform due to the impairment.

Updated 4/12/21
I have voluntarily completed this Employee Accommodation Request Form and all information provided is complete, true, accurate, and not misleading. I give The University of Alabama permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate University personnel and/or my health care professional, and I acknowledge that such communication is job-related and consistent with business necessity. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that I may be required to provide appropriate documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job, and that it is my responsibility to ensure that the documentation is submitted by the deadline that I am given.

Signature: _____________________________________________ Date: ________________________

Return Completed Form to:   Contact Information:
The University of Alabama    Telephone: (205) 348-7732
Attn: HR ADA Coordinator    hrsvctr@ua.edu
Box 870174
Tuscaloosa, AL  35487
205-348-8755 (fax)

Voluntary Self-Identification of Disability

The University of Alabama is committed to the concept and practice of equal opportunity and affirmative action. In accordance with public law, the University’s program of affirmative action invites job applicants, individuals offered employment, and current employees who believe they are covered veterans or individuals with disabilities to identify themselves in order to receive the benefits of affirmative action. A video from the federal government explaining why it is important for individuals with disabilities to self identify is available at http://hr.ua.edu/ada. This information is used solely for affirmative action purposes, is being requested on a voluntary basis, and will be used and be kept confidential in accordance with the ADA. Refusal to provide this information will not subject any job applicants, individuals offered employment, or current employees to any adverse treatment.

Voluntary Self-Identification of Disability Instructions

1. Log in to myBama.
2. Click on the Employee tab.
3. Click on the Employee Services folder in the Banner Self-Service box.
4. Click on the Disability Information folder in the Employee Services folder.
5. Click the Disability Status Survey link.
6. Read the Voluntary Self-Identification of Disability information and check the box that applies.
7. Click Submit.

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