

DISABILITY ACCOMMODATION REQUEST FORM

Agency or UW System Unit:	Division (or other secondary unit):
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SECTION I: Employee

Name of Employee:	Job Title:
Signature:	Date of Request:
My disability is (e.g., visual impairment, arthritis, etc.):	
My disability impairs my ability to perform assigned job duties in the following way (attach additional pages if necessary):	
The reasonable accommodation I am requesting is (attach additional pages if necessary):	

SECTION II: Employer

Accommodation Request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Modified	
If <i>modified</i> , describe modification and give rationale. If <i>denied</i> , give rationale. (Attach additional pages if necessary.)	
Name of person making decision:	Cost of Accommodation: <input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Signature:	Date:

DISTRIBUTION AFTER COMPLETION:

Original - Employee Copy - Agency Confidential File Copy - OSER/DAA (with employee identification blinded)