

## DISABILITY ACCOMMODATION REQUEST FORM

<b>Agency or UW System Unit:</b>	<b>Division (or other secondary unit):</b>
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### SECTION I: Employee

<b>Name of Employee:</b>	<b>Job Title:</b>
<b>Signature:</b>	<b>Date of Request:</b>

**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:**  Approved  Denied  Modified

If **modified**, describe modification and give rationale. If **denied**, give rationale. (Attach additional pages if necessary.)

<b>Name of person making decision:</b>	<b>Cost of Accommodation:</b> <input type="checkbox"/> Estimate <input type="checkbox"/> Actual
<b>Signature:</b>	<b>Date:</b>

### DISTRIBUTION AFTER COMPLETION:

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