UNIVERSITY OF ARKANSAS AT PINE BLUFF
Accommodation Request Form
Americans with Disabilities Act (ADA)

(To request accommodations, such as assistive equipment, facility modifications, flexible schedule.)

Date of Request: ____________________
Name of Employee Requesting Accommodation: _____________________________________________
Address: __________________________ Phone: __________________________
City State Zip Daytime Phone __________________________

Position Title __________________________ Department __________________________

Accommodation Requested: ________________________________________________________

On a separate sheet of paper please record a description of the job duties, barrier, facility or program requiring accommodation. Describe how it limits your ability to participate in a program or to perform employment tasks. Attach to this form.

For University Department Use Only:

_____ Concurrence with the accommodation(s) requested by the employee

_____ Department’s suggestions for accommodations, please explain: __________________________

Final Resolution of the employee’s request for accommodations by
the employee and the University

I accept the accommodations(s) identified above and offered to me by the university and agree that they are accommodations that I feel will assist me in performing the essential functions of my job.

Signatures

__________________________ __________________________
Employee University Department Head

NOTE TO UNIVERSITY MANAGER AND SUPERVISORS:
To ensure that all requests for reasonable accommodations are given full consideration, managers may not deny an accommodation without further review by university officials charged with ensuring compliance with the Americans with Disabilities Act. If you feel you cannot meet the accommodation, believe that the accommodation request is unreasonable or presents an undue hardship for the university, need additional assistance in evaluating the accommodation or need resources not available in your department to provide the accommodation for staff, or faculty please contact the Department of Human Resources.

A Note on Confidentiality: Disability-related documents must be kept confidential. Departments or individuals should not keep any copies of such documentation within department or offices. Any existing information related to disability, including medical reports, should be forwarded in an envelope marked Confidential to the Department of Human Resources.