Accommodation Request Form

To the Employee:

To initiate a request for accommodation, please complete this form and forward to the ADA Coordinator. Have your physician or medical provider send the Documentation of Disability Form directly to:

ADA Coordinator
The University of North Carolina at Asheville
One University Heights, CPO #1450
Asheville, NC  28804-8503

Questions may be directed to the ADA Coordinator at (828) 251-6605.

Employee Information:

Name: ________________________________   Banner ID #: ________________________________
Classification/Title: ____________________   Work Phone Number: _________________________
Division: ______________________________   Department: ________________________________
Work Schedule (Days & Hours): __________________________________________________________
Work Location: ______________________________

Accommodation Request Information: (Please attach additional sheets as necessary.)

1. Describe the limitation(s) due to your disability that impacts the performance of your job.
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

2. How does the limitation(s) described above affect your job?
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

3. What is the accommodation you are requesting? (Please include alternatives.)
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

Signature: ________________________________   Date: ________________________________