

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: _____