

ADA Accommodation Request Form

Name: <i>(Last)</i>	<i>(First)</i>
Department:	Job Title:
Campus Address:	Phone: <i>(Work)</i>
E-Mail Address:	

Description of Need:
 (Note - Medical, technical or service provider assistance may be required to establish a disability as defined by law and for information necessary to arrange reasonable accommodations. All medical and related documentation is kept confidential and separate from other personnel information.)

Accommodation Requested: (Explain how the accommodation will address the functional limits caused by the disability. You may attach additional pages if necessary.)

Employee's Signature	Date	Supervisor's Signature	Date
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PLEASE RETURN FORM TO AFFIRMATIVE ACTION OFFICE

Affirmative Action Office Use Only:

Affirmative Action Officer Signature	Date
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cc: UND Employee Supervisor	AFFIRMATIVE ACTION OFFICE P.O. BOX 7097 GRAND FORKS, NORTH DAKOTA 58202-87097 OFFICE VOICE/TDD: (701) 777- 4171 FAX: (701) 777-2077
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