Accommodation Request Form

To the Employee:

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

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

Questions may be directed to the Director of Employee Relations/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: _____