

## 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 Number: \_\_\_\_\_

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.

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

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

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_