

REASONABLE ACCOMMODATION REQUEST FORM

I request that Bowling Green State University provide me with a reasonable accommodation to perform one or more essential functions of my job safely and effectively. *I understand that this form will be maintained separately from my official personnel file.*

EMPLOYEE INFORMATION

Employee Name: _____

Telephone: Work _____ Home _____

Campus Address: _____

Home Address: _____

Job Title: _____

College/Administrative Area: _____

Department/Unit: _____

Department Head/Supervisor: _____ Telephone: _____

REQUEST

I believe that the following accommodation will allow me to perform the essential function(s) of my job:

DESCRIPTION OF HEALTH CONDITION

I believe I have a “disability” as defined under the University’s Equal Employment Opportunity Policy because:

(describe health condition and attach additional numbered pages, if necessary)

This condition has prevented me from performing the following essential function(s) of my job:

(attach additional numbered pages, if necessary)

AUTHORIZATION AND ACKNOWLEDGEMENT

I authorize Bowling Green State University, Office of Accessibility Services, to investigate my eligibility and qualifications for an accommodation under the Americans with Disability Act. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements.

I understand that I am being requested to complete and sign the *Patient/Employee Authorization for the Release of Protected Health Information* form giving Bowling Green State University authorization to consult with my health care provider(s) and/or to receive my protected health information. This information will be used to determine if I am a qualified employee with a disability. If I fail to sign that form, I understand that the University will act on my request for an accommodation without the benefit of such consultation and/or information.

Date: _____ Employee’s Signature: _____