ADA Request Employee Intake Form

Section 504 of the Rehabilitation Act/1990 Americans with Disability Act

This form should be completed by all applicants requesting reasonable accommodation in accordance to Section 504 of the 1973 Rehabilitation Act and 1990 Americans with Disability Act. Upon Completion, please submit the form to the interviewer/and or supervisor.

Name of Applicant

Date of Request

Mailing Address

State & Zip Code

OR

Daytime Telephone Number

Evening Telephone Contact

Job Sought or Now Assigned

Department /Division

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation. The information you provide will be treated confidentially to the extent appropriate and will be handled on a need-to-know basis only.

a) What are the limitations caused by your condition(s)? If you have written verification of these limitations from a physician, please attach a copy with this request form. You will need to provide timely documentation from an appropriate licensed professional before reasonable accommodation and support programs will be arranged.

b) Given your limitations, what parts of the application process or the job you now hold require accommodations in order for you to perform as required?
c) In order for you to continue to perform your duties and responsibilities, what changes would you suggest?

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Interviewer’s/Supervisor’s Signature __________________________ Date: __________________________

Signature of Applicant __________________________ Date: __________________________

Interviewer’s/Supervisor’s Comments and Recommendations (use additional paper if necessary):

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Request Received by (Please print) __________________________ Date: __________________________

Reasonable Accommodation offered □ Not Offered □

If not offered, reasons:

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Reasonable Accommodation offered is (description of changes made):

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Reasonable Accommodation
Accepted by Applicant □ Not accepted by Applicant □

Signature of Applicant/Employee __________________________ Date: __________________________

Signature of Equity & Diversity Officer __________________________ Date: __________________________

If you need assistance completing this form, please contact the Equity & Diversity Office

Confidential 8/8/2007
The University of Scranton  
Office of Equity and Diversity  
473/474 St. Thomas Hall  
570-941-6645  

ADA Reasonable Accommodation Request Form

Name: ______________________________________ R# ______________________________________

Position Title: ________________________________________________________________

Department: ___________________________ Tel# ________________________________

REASONABLE ACCOMMODATION REQUESTED:

__________________________ Physical Accessibility

__________________________ Accessible Furniture

__________________________ Temporary Transportation with Public Safety

__________________________ Handicap Parking

__________________________ Flexible Work Schedule

__________________________ Other (Specify)

Please write a detailed description of accommodation requested (use additional paper if necessary):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

In requesting the reasonable accommodation(s) identified above I agree to:

i. Use them appropriately and responsibly,

ii. Contact the Office of Equity and Diversity with concerns or as soon as there is a change in my situation or the condition connected to these accommodations,

iii. Perform the essential functions of my job.

_________________________________________  ________________________________
Employee Signature                           Date

_________________________________________  ________________________________
Director of Equity & Diversity                Date

If you need assistance completing this form, please contact the Equity & Diversity Office