

Employee Name \_\_\_\_\_ Personnel # \_\_\_\_\_

Date \_\_\_\_\_ Employment FTE \_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Work Location \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Work Schedule (*Days and Hours*) \_\_\_\_\_

**Please use back of sheet if you need more room to answer any questions listed below.**

1. Please describe the physical, mental, or cognitive impairment(s) that limit your ability to do your job.

2. Describe the accommodations you are requesting. Be as specific as possible (i.e. if you are requesting a piece of equipment or device, please provide description, manufacturer, cost, where to order, etc.)

3. Describe how the requested accommodations will enable you to perform your job.

4. Please provide any other information that might help University of Nebraska at Omaha evaluate request.

I give University of Nebraska at Omaha permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate University personnel and/or my health care professional. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that I will be required to provide appropriate documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job.

Signature \_\_\_\_\_

Date \_\_\_\_\_