

EMPLOYEES (faculty and staff) REQUEST FOR REASONABLE ACCOMMODATIONS

CONFIDENTIAL

This form is the initial step in an employee's request for accommodation at the workplace based on a disability. This will assist the University in determining whether, or to what extent, you are eligible for an accommodation in order to perform one or more of the essential functions of your job safely and effectively. Following your completion and submission of this form, the Office of Access, Compliance, and Title IX will participate with you in a process that will involve interaction with you, your supervisor(s), and, if necessary, your health care providers. This process may also include health care professionals or subject-area specialists identified by the University as necessary to understand fully the nature of the disability, the accommodations requested and any accommodations suggested by the employee's health care providers.

Employee Name:	Work Telephone:
Work Address:	Preferred Telephone Contact Number:
Job Title:	
Department Head:	Office Telephone:
Direct Supervisor:	Office Telephone:
The accommodation requested is:	
Are you currently receiving any accommodation to assist you with your job? ___ Yes ___ No	
If "yes," have you submitted documentation to support this request to anyone? ___ Yes ___ No	
If "yes" to either question, please describe the accommodations and the location of the documentation:	

I, _____ give the University of Tennessee permission to take steps necessary to explore whether I may be covered under reasonable accommodation definitions and standards under University policy and the Americans with Disabilities Act. This permission acknowledges that the office responsible for coordinating such employment requests, the Office of Access, Compliance & Title IX, may need to engage other appropriate University offices, including but not limited to: Human Resources, Health and Safety, Student Health, Facilities Management, Parking Services Student Disability Services, in the exploration of possible coverage or possible accommodations. I understand that all information and records obtained during this process will be maintained and handled in accordance with any applicable confidentiality requirements.

I further understand that I am required to complete and sign a "medical information request" form (Form 2) giving the University permission to consult with my health care professional(s) as necessary before the University can proceed with my request. Both forms must be turned in to the Office of Access, Compliance & Title IX, 11 Wayne Fisher, 212 University Center, Martin, TN 38238. Forms may also be faxed to: (731) 881-3507. For questions, please call (731) 881-3505

Employee Signature_____
Date

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