### ADA Accommodation Request Form

<table>
<thead>
<tr>
<th>Name: (Last)</th>
<th>(First)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Job Title:</td>
</tr>
<tr>
<td>Campus Address:</td>
<td>Phone: (Work)</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td>Supervisor Name:</td>
</tr>
</tbody>
</table>

Identify your impairment, not your diagnosis, and describe how it impacts your ability to perform the essential functions of your job. Attach additional pages as necessary.

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Identify your requested accommodation and explain how the accommodation will allow you to perform the essential functions of your job.

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What is the anticipated duration of the accommodation?

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Attach documentation from your health care provider describing your work-related limitations or restrictions. All medical documentation is kept confidential and separate from other personnel information.

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Employee’s Signature ___________________ Date _____________  
Supervisor’s Signature ___________________ Date _____________

**PLEASE RETURN FORM TO EQUAL OPPORTUNITY & TITLE IX OFFICE**

EO & Title IX Office Use Only

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EO & Title IX Office Signature ___________________ Date _____________

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cc: Employee Supervisor

UND is an equal opportunity/affirmative action institution  
EQUAL OPPORTUNITY & TITLE IX  
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01/2019