

**ACCOMMODATION REQUEST FORM – DISABILITY**  
(FOR USE BY FACULTY ONLY)

This form is to be used to request an accommodation based on an employee's disability, including pregnancy, a pregnancy-related condition, and/or to express milk for an infant child. The purpose of this form is to assist the University in determining whether a reasonable accommodation is available to enable the employee to perform one or more essential functions of the employee's job safely and effectively. Information provided in support of your request will be maintained in confidence, shared and/or disclosed only to the extent necessary, and kept separately from the employee's personnel file.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Phone: \_\_\_\_\_  Work  Home  Cell

Email: \_\_\_\_\_

Employment Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Campus Email: \_\_\_\_\_

Type of Disability (select as many as apply):

Physical (including pregnancy, pregnancy-related condition and/or expressing milk)

Mental/Psychological

Learning

Do you have a note from your healthcare provider?  Yes (please attach)  No

Is your disability and need for a reasonable accommodation observable and permanent for which no medical documentation is needed?

Yes

No

*If review of the information provided in this form indicates that medical documentation is needed because the University has determined that your disability is not readily observable and permanent or that more information is needed, then you will be asked to complete and submit a Medical Inquiry Form or provide some other reasonable documentation discussing your covered disability and functional limitations.*

Explain how your impairment or disability affects your ability to perform your job duties and responsibilities.

Please briefly describe the accommodation(s) you are requesting that will enable you to perform those job duties or responsibilities identified in the section above as being restricted or limited due to your impairment or disability.

How long do you anticipate the need for the accommodation(s) you are requesting? *(Please provide anticipated start and end dates for any non-permanent disability identified.)*

If you have sought assistance from your supervisor, or from any other person, on the accommodation sought in this request, please provide the name of such person, the date of you requested assistance from that person, and the result obtained or response provided.

Is there any additional information related to your previous request that you wish to provide at this time or that would be relevant to your current request?

This is to acknowledge that I am requesting a reasonable accommodation based on a disability. I agree to fully cooperate with all University requests for information, including providing any requested medical documentation. I understand that I may not be provided with the specific accommodation that I have requested. However, I understand that good faith efforts will be made to provide an accommodation that is reasonable and effectively responds to my restriction(s). I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Further, I acknowledge that I must also submit an Accommodation Request Medical Inquiry Form, a separate form completed and signed by my healthcare provider, to the Office of Academic Labor Relations as part of the review process. I understand that submission of a completed Medical Inquiry Form may not be required if I advise that no medical documentation is needed because my disability and need for a reasonable accommodation are observable and permanent, and the University confirms that this is the case based on review of the information provided in this form. I understand that the University's response time in making a decision on my request depends, in part, on my prompt return of this form and any other documents and/or information requested.

I verify that the above information is complete and accurate to best of my knowledge. I further acknowledge that I may be subject to discipline, up to and including termination, if I knowingly or intentionally submit false information on this form or at any other point in the accommodation process.

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to:**

Office of Academic Labor Relations, 178 Ryders Lane, Suite 308, New Brunswick, NJ 08901  
P: (848) 932-7174 F: (732) 932-8326 E-mail: [oaalr@oq.rutgers.edu](mailto:oaalr@oq.rutgers.edu)