

CONFIDENTIAL
UNIVERSITY OF DETROIT MERCY
Human Resources Department
Reasonable Accommodation Request Form - Employment

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

College/Administrative Area	Department/Unit
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SECTION I: Employee: To be completed by employee requesting accommodation.

Employee:	Telephone:
Address:	
Job Title:	Request Date:
Department Head/ Supervisor:	Telephone:
Address:	
Human Resources Officer/Representative:	Telephone:
Address:	

I give The University of Detroit Mercy Human Resources Department permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. 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 am required to complete and sign the attached release of information giving UDM permission to consult with my health care professional(s) in order to determine that I am a qualified employee with a disability and to seek guidance as to any functional limitations based on my disability.

Date

Employee's signature

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

A. Please describe as completely and specifically as possible the accommodation you are requesting.

B. Describe your impairment. Include the expected duration of the impairment and the manner in which it limits your ability to perform the functions of your position.

C. What are the essential functions of your position which would be or are affected by your impairment?

D. Do you have documentation to support your impairment? Yes _____ No _____
(NOTE: *We will only request medical documentation in the event we need to review such documentation as it relates to your request.*)

Forward a copy of this form to the Human Resources Office of the University of Detroit Mercy, 4001 W. McNichols Road, Detroit, Michigan, 48221