

FAU Employee Request for Reasonable Accommodation

Based on Medical Condition

This request is valid only for the semester indicated.

Select SEMESTER: FALL SPRING SUMMER Enter YEAR: 20 __ __

By considering this request or granting an accommodation, FAU is not considering or regarding the employee as having a disability defined by the Americans with Disabilities Act, the ADA Amendments Act of 2008. See FAU Policy 1.13 Disabilities and Accommodations.

EMPLOYEE'S INFORMATION AND REQUEST (To Be Completed by Employee)

First Name: _____ Last Name: _____

Z Number: _____ FAU EMAIL: _____@fau.edu

Job Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

College/Department/Unit: _____

Status: (Faculty/AMP/SP/OPS/Other) _____

Supervisor's Name: _____

Supervisor's Email: _____ Supervisor's Phone: _____

- 1. Describe how your (Employee's) condition prevents you (him/her) from performing assigned job duties: (attach additional pages if necessary)**

- 2. Describe the specific reasonable accommodation that you (Employee) are requesting:**

Verification of medical condition. (Check the box that is most applicable).

I believe my medical condition is observable and has an apparent relation to the accommodation requested.

(If the above statement is not applicable, or the relationship between the observable medical condition and accommodation requested is not clear, the employee must verify his/her condition with EIC).

I understand that I will need to verify my medical condition with EIC.

Type of Disability: (Choose One)

- | | |
|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Chemical Sensitivity | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Development | <input type="checkbox"/> Systemic/Chronic |
| <input type="checkbox"/> Health Issue | <input type="checkbox"/> Other (please specify below) |

If **OTHER**, please describe:

EMPLOYEE Please Sign Here:

DATE Signed:

Note to Employee: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.