

Florida Atlantic University

Employee Request for Reasonable Accommodation

Select Semester: Fall Spring Summer

Enter Year: 20 Click or tap here to enter text.

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 7.12 Disabilities and Accommodations.

EMPLOYEE'S INFORMATION AND REQUEST:

(To Be Completed by Employee)

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Z Number: Click or tap here to enter text.

FAU Email: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

College/Department/Unit:Click or tap here to enter text.

Status: (Faculty/AMP/SP/OPS/Other)Click or tap here to enter text.

Supervisor's Name:Click or tap here to enter text.

Phone:Click or tap here to enter text.

Supervisor's Email:Click or tap here to enter text.

1. Describe how your (Employee's) condition prevents you (him/her) from performing assigned job duties:
(attach additional pages if necessary) Click or tap here to enter text.
2. Describe the specific reasonable accommodation that you (Employee) are requesting:Click or tap here to enter text.

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)

- ADHD**
- Learning**
- Blind/Low Vision**
- Mobility**
- Chemical Sensitivity**
- Physical**
- Deaf/Hard of Hearing**
- Psychological**
- Development**
- Systemic/Chronic**
- Health Issue**
- Other (Please Specify Below)**

If Other, please describe: Click or tap here to enter text.

Employee Please Sign Here: Click or tap here to enter text.

Date: Click or tap here to enter text.

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.