

UW-MADISON CLASSIFIED STAFF
DISABILITY ACCOMMODATION
REQUEST FORM
CONFIDENTIAL

Employee Instructions:

- Complete Section I only
- Print and sign form
- Make a copy for your records
- Send Original form to your DDR* in a "Confidential" envelope

*To identify your DDR (Divisional Disability Representative), go to www.oed.wisc.edu/disability, select Divisional Disability Representative, scroll down to your division or contact the Office for Equity and Diversity at 263-2378.

Section I: Employee (Complete Section I only. Submit entire form to supervisor.)

Division, School or College	1.	Employing Unit	2.
-----------------------------	----	----------------	----

Position Title	3.	Date of Request	4.
----------------	----	-----------------	----

FOR INFORMAL REQUESTS, GO TO 9. BELOW

Name	5.	Signature	6.
------	----	-----------	----

7. My disability is (e.g., visual impairment, arthritis): _____

8. My disability impairs my ability to perform assigned job duties in the following way (attach additional pages if necessary):

9. The reasonable accommodation I am requesting is (attach additional pages if necessary): _____

Section II: Employer (Refer to campus "Academic Staff Disability Accommodation Policy.")

10. Accommodation Request Decision: Approved Modified Denied

11. (If modified or denied, attach a description of the modification and provide rationale for modification or denial.)

Name of person making decision	12.	Cost of Accommodation	Estimate <input type="checkbox"/>	13.
Signature	14.	Date	Actual <input type="checkbox"/>	15.

After decision, DDR will distribute as follows:

Original - Office for Equity and Diversity, **Copy 1** - Employee, **Copy 2** - Division **Confidential** file, **Copy 3** - OSER/DAA. (Employee Identification Blinded.) DDR will notify supervisor of accommodations(s) to be provided.