

UW-MADISON FACULTY  
 DISABILITY ACCOMMODATION  
 REQUEST FORM  
 CONFIDENTIAL

Division, School or College	1.	Division (or other secondary unit)	2.
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**Section I: Employee (Complete Section I only. Submit entire form to departmental chair or executive committee.)**

Faculty Rank	3.	Date of Request	4.
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FOR INFORMAL REQUESTS, GO TO 9. BELOW

Name	5.	Signature	6.
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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 "Faculty Disability Accommodation Under the ADA", Faculty Document #1159a)

10. Accommodation Request Decision:    \_ Approved    \_ Denied    \_ Modified

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 _	13.
			Actual _	
Signature	14.	Date		15.

After employer completes Section II, distribute as follows:

**Original** – Office for Equity and Diversity, **Copy 1** – Employee, **Copy 2**- Departmental Executive Committee Confidential file