

Reasonable Accommodation Request Form
Faculty / Staff Application for Services

CONFIDENTIAL

This form should be used by University employees who wish to request a reasonable accommodation under the Americans with Disabilities Act (ADA), the Illinois Pregnancy Accommodation Act, or other applicable State and Federal civil rights laws. The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified University employee or applicant for employment.

Type of Accommodation Requested

☐ Disability or qualifying medical condition ☐ Pregnancy, childbirth, or related condition

This form **must** be filed separately from the employee's personnel file and is a **confidential** document.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Office Location: _____ Office Phone: _____

Employee Id Number: _____ Request Date: _____

Job Title/Classification: _____

Supervisor's Name: _____ Phone #: _____

Department/Unit: _____

Note: Faculty and Staff are urged to complete and return this application prior to requesting workplace accommodations. This application, along with supportive medical documentation, is required prior to determination or granting of accommodations.

Diagnosis and Nature of Disability

1. Please identify and describe the diagnosis, nature, severity, and the functional limitations associated with each disability for which services are requested:

2. Explain how the impairment(s) listed in #1 affects your ability to perform the essential function(s) of your job.

3. List the accommodation(s) you are requesting in order to perform your essential job functions (attach additional pages if necessary).

4. Additional Information you would like to share:

5. Medical verification of impairment (check the appropriate box):

☐ I have enclosed the **applicable** medical documents with this request.

☐ The disability and the need for a reasonable accommodation is obvious and no medical documentation is needed. Explain _____

I, _____, give Northwestern University permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

Signature of Requestor

Date

Return completed form via mail, in person, e-mail, or via fax to the following:

Office of Equity
1800 Sherman Ave., Suite 4-500, Evanston, IL
60208 Phone: 847.467.6165 • Fax: 847.467.0698
accommodations@northwestern.edu