

Reasonable Accommodation Request Form

TO BE COMPLETED BY THE EMPLOYEE

The Office of Compliance, Equal Opportunity and Affirmative Action (“EOAA”) uses this form to document an individual’s request for a reasonable accommodation pursuant to the Americans with Disabilities Act, as Amended (“ADAAA”) and University Policy 3342-5-16. A University employee requesting an accommodation to perform the essential functions of their job duties must complete this form and submit it to EOAA for review and consideration. EOAA may require additional medical documentation consistent with its policies and procedures when reviewing a particular request for an accommodation. All information will be maintained in accordance with applicable confidentiality requirements.

Please return this completed document to the office listed below via U.S. mail, email, fax, or in person. You will receive an e-mail confirmation once the office has received your request for an accommodation.

Office of Compliance, Equal Opportunity and Affirmative Action
Kent State University
635 Loop Road, PO Box 5190
Kent, Ohio 44242-0001
Phone: 330-672-2038 | Fax: 330-672-3040
Email: aa_eeo@kent.edu

KENT STATE UNIVERSITY
Office of Compliance, Equal Opportunity and Affirmative Action

REASONABLE ACCOMMODATION REQUEST FORM

Employee's Name _____

Job Title: _____

Department: _____ Division: _____

Employee's contact information:

Email: _____ Phone: _____

Mailing Address: _____

Supervisor's information:

Name: _____

Title: _____

Email: _____ Phone: _____

If this request is time sensitive (i.e., there is a specific date(s) or event(s) for which the accommodation is needed), please indicate the date by which an accommodation is needed:

What is your impairment or disability?

REASONABLE ACCOMMODATION REQUEST FORM

How does your impairment or disability affect your ability to access benefits and/or successfully complete the position's essential job functions as defined in your job description?

Why are you requesting a reasonable accommodation at this time (i.e. position change, change in ability)?

What specific accommodation(s) are you requesting?

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REASONABLE ACCOMMODATION REQUEST FORM

How will the accommodation(s) listed above assist you in accessing the benefits and/or performing the position's essential job functions?

Please provide any additional relevant information?

You may be asked to further clarify the information that you have provided on this form. Without complete documentation, EOAA may not be able to adequately respond to this request. EOAA may reach out to your healthcare provider for additional information.

I affirm the information provided in this form is true and accurate to the best of my knowledge.

Employee Signature

Date

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