

By considering this request or granting an accommodation, University Administration is not considering or regarding the employee as having a disability as defined by the Americans with Disabilities Act, the ADA Amendments Act of 2008, or a handicap as defined by the Illinois Human Rights Act.

SECTION I : EMPLOYEE'S INFORMATION AND REQUEST (To Be Completed By Employee)

First Name		Last Name		Phone Number	
Email			Job Title / Classification		
Street Address					
City			Zip Code		
Department/ Unit			Status (Select One: AP, Extra Help, Faculty, Support Staff)		
Supervisor's First Name		Supervisor 's Last Name		Supervisor's Phone Number	
Supervisor's Email					

1. Describe how your (Employee's) condition prevents you (him/her) from performing assigned job duties: (attach additional pages if necessary). Attach supporting medical documentation from a health care provider.

2. Describe the specific reasonable accommodation that you (Employee) are requesting:

3. 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 by providing medical documentation from a health care provider).
- My medical condition has been verified prior to this request by a health care provider.
- I understand that I will need to verify my medical condition by providing medical documentation from a health care provider.

Employee Signature _____ Signed By	Date
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Section II: Verification of Medical Condition (To Be Completed by UA Equal Opportunity and Human Resources)

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.

- Employee's documentation requires that an accommodation be considered.
- Employee's documentation supports an accommodation only on a discretionary basis.
- Employee's documentation does not support request for accommodation.
- Independent evaluation recommended with report to be submitted to UEO/HR.

Type of Disability: (Select One: ADHD | Blind/Low Vision | Chemical Sensitivity | Deaf/Hard of Hearing | Developmental | Health Problems | Learning | Mobility | Physical | Psychological | Systemic/Chronic | Other: (Please Specify))

UEO/HR Reviewer Name	Phone Number	Email	
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UEO/HR Reviewer's Signature _____ Signed By	Date
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SECTION III: COLLEGE/UNIT/DEPARTMENT PRELIMINARY DECISION (To Be Completed By Supervisor)

First Name	Last Name	Phone Number	Email
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1. Provide a brief description of the responsibilities and methods essential to satisfactory performance of this employee's job. (Attach a job description if available).

I have attached a job description.

2. Preliminary Decision: (check the box)

- Approved
- Modified
- Denied

(Note: Before a requested accommodation can be denied, a reviewer must engage in the interactive process with the employee, UEO/HR and ER/HR.)

3. Description of the reasonable accommodation approved:

Supervisor Signature

Date

Signed By

Submit completed form to UEO/HR, 807 S. Wright St. Suite 440, Champaign, IL 61820, MC-312 or eas@uillinois.edu

SECTION IV: FINAL DECISION

(To Be Completed By the UEO/HR and ER/HR Offices)

1. Request is:

- Approved
- Modified
- Denied

2. Description of the reasonable accommodation approved or reason(s) for denial:

UEO/HR Representative Signature

Date

Signed By

ER/HR Representative Signature

Date

Signed By