



By considering this request or granting an accommodation, the System Office 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
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Email	Job Title / Classification
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Street Address

City	Zip Code
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Department/ Unit	Status (Select One: AP, Extra Help, Faculty, Civil Service)
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Supervisor's First Name	Supervisor 's Last Name	Supervisor's Phone Number
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Supervisor's Email

1. Describe how your condition prevents you from performing assigned job duties. Attach supporting medical documentation from a health care provider.

2. Describe the specific reasonable accommodation that you 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 by a health care provider prior to this request. If so, when: _____
- I understand that I will need to verify my medical condition by providing medical documentation from a health care provider.

Employee Signature _____	Date
Signed By	

Section II: Verification of Medical Condition (To Be Completed by System HR Diversity, Equity, and Inclusion(DEI))

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 DEI/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))

DEI Reviewer Name	Phone Number	Email
DEI Reviewer's Signature _____	Date	

SECTION III: UNIT/DEPARTMENT PRELIMINARY DECISION (To Be Completed By Supervisor)

First Name	Last Name	Phone Number	Email
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1. Please provide a copy of the employee's current job description and highlight the duties and responsibilities that are essential to satisfactorily perform his/her job. You may use the space below to provide any additional information not covered on the job description.

- I have attached a job description.

Supervisor Signature	Date
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Submit completed form to DEI/HR, 807 S. Wright St. Suite 440, Champaign, IL 61820, MC-312

SECTION IV: FINAL DECISION
(To Be Completed By the DEI and System HR)

1. Request is:

- Approved
- Modified
- Denied

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

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

DEI Representative Signature	Date
System Office Representative Signature	Date