

**UNIVERSITY OF KENTUCKY  
REQUEST FOR REASONABLE ACCOMMODATION**

This form is the first step in processing your request for reasonable accommodation. An accommodation is a reasonable modification or adjustment to the job application process or work environment that enables a qualified person with a disability to be considered for a position, perform the essential functions of a position, or enjoy the same benefits and privileges of employment and program participation as are enjoyed by non-disabled employees and participants. In order to determine whether you are eligible for accommodations under the Americans with Disabilities Act, the University probably will ask that you provide medical documentation or sign a release that permits the University to discuss your functional limitations/disability, as it relates to your accommodation request and the essential functions of your position, with your healthcare provider. Having a medical diagnosis alone is not enough to make you eligible for accommodation under the Americans with Disabilities Act.

Under the ADA, a qualified individual with a disability is a person with:

- a physical or mental impairment that substantially limits one or more major life activities,
- has a record of such an impairment, or
- is regarded as having such impairment;

and who, *with or without reasonable accommodation*, can perform the essential functions of the employment position or academic program that such person holds or desires. A substantial limitation is defined as an impairment that significantly limits the performance of a major life activity that the average person in the general population can perform.

The Americans with Disabilities Act requires that the University keep medical information confidential. All documentation provided to the Office of Institutional Equity and Equal Opportunity is maintained in our office and is not placed in personnel files. However, the law allows certain individuals to be informed of your condition as needed. These persons may include your manager(s) or supervisor(s), human resource personnel, first aid and safety personnel, personnel investigating compliance with the ADA, and other persons only with a need to know. The law does not prohibit you from voluntarily discussing your condition or medical information about yourself.

I, \_\_\_\_\_ (print name), am requesting that the University of Kentucky provide me with a reasonable accommodation pursuant to the Americans with Disabilities Act. I understand that I must be able to perform the essential functions of my job with or without accommodation.

**Position** \_\_\_\_\_

**Department** \_\_\_\_\_

**Work Address** \_\_\_\_\_

**Work Telephone Number** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

**Immediate Supervisor** \_\_\_\_\_ **Supervisor's Number** \_\_\_\_\_

Briefly, the work I do is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My medical condition is: (specify all conditions which affect your job)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This condition is permanent or expected to last until \_\_\_\_\_ (date).  
To manage my condition, I take the following medication or use the following aids:  
\_\_\_\_\_  
\_\_\_\_\_

The medications or aids I use (check one) \_\_\_do\_\_\_ do not have side effects which affect my ability to do my job. If they do, explain.  
\_\_\_\_\_  
\_\_\_\_\_

The activities that my condition impairs are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The reasonable accommodation I am requesting is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My treating physician(s), related to this accommodation request, is (are):

Name(s)	Telephone number(s)
_____	_____
_____	_____
_____	_____

I (check one) \_\_\_have\_\_\_ have not requested medical documentation be released to UK.

I understand, before any eligibility is determined, the University of Kentucky may request medical documentation be provided by my treating physician(s), related to my disabling condition(s) for which I am requesting reasonable accommodation. I understand it is my responsibility to request medical information if it is deemed necessary by UK, sign any record releases my physician(s) deem necessary, and bring or send said documents to the office of Institutional Equity and Equal Opportunity in 13 Main Bldg at the University of Kentucky.

My signature indicates I have read this request, believe I am a qualified individual with a disability, and understand that I am requesting reasonable accommodation from the University of Kentucky. I certify the statements made on this document are true and represent my actual physical/mental condition, as it relates to my request for reasonable accommodation, to the best of my understanding and ability.

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Questions?

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<http://www.uky.edu/EVPFA/EEO/pdf/UKAccommodationRequestForm.pdf>