University of Kentucky
ADA Request for Reasonable Accommodations

Employee Name:_____Position:_____

Employee ID No:_____Department:_____

Work Phone Number:_____Other Phone Number:_____

Immediate Supervisor:_____Supervisor's Phone Number_____

1. Identify your disability or physical or mental impairment(s) or limitation(s):

2. Explain how your disability impairs or limits your ability to perform assigned job duties:

3. Expected duration of the disability:

4. What specific accommodation(s) are you requesting?

5. Have you had any accommodations in the past for this same limitation? If yes, what were they and how did the accommodation(s) help you perform your job?

6. Please provide any additional information that might be useful in processing your accommodation request.

_____ _____

Signature Date

Turn in form to Heather Roop, ADA Coordinator, 13 Main Building, Lexington, KY 40506-0032,
Email: heather.roop@uky.edu or by fax at 859-323-3739.