



**EMPLOYEE REQUEST FORM
DISABILITY-RELATED ACCOMMODATIONS**

The University of Oregon is committed to providing reasonable workplace accommodations to qualified employees with disabilities.

Workplace accommodations are intended to assist individuals with disabilities overcome limitations that interfere with their ability to perform the functions of their job, to engage in the application process and to enjoy the benefits and privileges of employment. Examples of disability-related accommodations include ergonomic furniture, modifications to university policies, assistive technology, reassignment of marginal job functions, or extended leave.

The Office of Affirmative Action and Equal Opportunity (OAAEO) administers the university's disability accommodation process for employees. This includes determining whether an employee's medical condition constitutes a disability as defined under the Americans with Disabilities Act, as amended, and working to ensure that employees with disabilities have an opportunity to engage in an interactive process with the objective of providing reasonable accommodations that will enable them to perform the essential elements of their job. Each request for accommodation is assessed on an individual basis.

As an initial step in the accommodation process, please complete this form. This will help us understand how your medical condition impacts your ability to perform the functions of your job and what accommodations you believe would be effective at overcoming those limitations. Please note that while the university takes an employee's specific request for accommodation into account, it may provide a different, effective accommodation.

Once completed, please send this form (or a copy) to the OAAEO by regular mail at 5221 University of Oregon, Office of Affirmative Action and Equal Opportunity, Eugene, OR 97403, or by facsimile at (541) 346-4168 or by email to AAEOinfo@uoregon.edu. Upon receipt, an employee from the OAAEO will contact you to discuss next steps in the accommodation process. An employee's active participation in identifying reasonable accommodations is required and any medical information obtained by the OAAEO is maintained confidentially.

For help completing this form or for any other questions or concerns please contact the OAAEO by phone (541) 346-3123 or email AAEOinfo@uoregon.edu.

We look forward to working with you through this process.

AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY

5221 University of Oregon, Eugene OR 97403-5221

T (541) 346-3123 F (541) 346-4168 aaeo.uoregon.edu



Please provide the following information:

Today's Date:

Name:

Duck ID:

Job Title and Department:

Manager/Supervisor:

Your Contact Information:

Preferred Email Address:

Preferred Phone Number:

Preferred Mailing Address:

Please provide answers to each of the following inquiries:

- (1) Do you have a medical condition that impacts your ability to perform the functions of your job? Yes ___ No ___ If yes, what job functions are impacted?

- (2) Is the medical condition temporary or permanent? If the condition is not permanent, please identify the anticipated duration of the condition.



(3) Workplace accommodations are intended to help an employee overcome physical or mental limitations caused by a disability that interfere with their ability to perform the functions of their job. Please identify the workplace accommodations that you are requesting and be as specific as possible (e.g., assistive technology, reader, interpreter, schedule change).

(4) Please provide any additional information that you believe is relevant to your request for accommodation.

Employee Signature

Date