

OFFICE FOR INCLUSION, DIVERSITY AND EQUAL OPPORTUNITY

FACULTY AND STAFF REQUEST FOR R

has a disability covered by the Americans with Disabilities Act (ADA), to determine the functional limitations, to use as a guideline for identifying an effective and reasonable accommodation and to determine the entitlement to the accommodation. With your permission, documentation might include consultations with knowledgeable professional sources, such as physicians, psychologists, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities.

The Office for Inclusion, Diversity and Equal Opportunity will coordinate with your supervisor, Parking and Access Services, or appropriate parties. For most disabilities, the faculty or staff member will also be referred to the appropriate office for a confidential consultation and assistance with the process.

The faculty or staff member has the responsibility to ensure that the medical provider follows through on requests for medical information.

For assistance, contact:

**Office for Inclusion, Diversity and Equal Opportunity
Adelbert Hall, Suite #109 – Location Code 7048
216-368-8877**

Part A - To be completed by the faculty or staff member.

Date of Request: _____

Name: _____
Last Name *First Name*

Position Title:

Department/Management Center:

Manager/Supervisor/Chair/Dean:

Departmental HR Representative:

Home Address:

_____ **Zip Code:** _____

Home Phone: (_____) _____

Cell Phone: (____)_____

Campus Address:

Location Code: _____

Campus Phone: (____)_____

Email: _____@case.edu

How would you prefer to be contacted? Please select one.

Home Phone

Office Phone

Email

Cell Phone

Employment Classification –

4. What are the essential functions of your job? If possible, please attach your current job description.

5. Describe the accommodations you are requesting, including any adaptive equipment. Be as specific as possible.

VERIFICATION AND ACCURACY

I verify that the above information is complete and accurate to the best of my knowledge.

I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

By signing below, I understand that I am granting the Office of Inclusion, Diversity and Equal Opportunity permission to contact the appropriate individuals and/or offices to determine my request for reasonable accommodation.

Signature: _____

Date: _____

Print Name: _____

Complete and Return to:

Office for Inclusion, Diversity and Equal Opportunity
Adelbert Hall, Suite #109