



CONFIDENTIAL

All information shared with the University through the ADA/ADAAA evaluation and/or reasonable accommodation process will be maintained separate from personnel files and in accordance with all ADA/ADAAA requirements.

Reasonable Accommodation Request Form

Individuals who are employed at Colorado State University and are requesting reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA) are encouraged to complete this form in its entirety. If you are unable to complete this form on your own, someone else may complete the form on your behalf. Completed forms are to be returned to the Director of the Office of Equal Opportunity, Colorado State University, 101 Student Services Building.

Due to COVID-19, the Office of Equal Opportunity will temporarily operate remotely. Health Care Providers and employees are highly encouraged to scan/photograph and email this completed form to oeo.colostate.edu to ensure timely receipt and processing. Be advised that unencrypted electronic submission is not considered fully confidential.

Accommodation Request Date

Name (please print)

Email Address

Position Title

Department

Campus Address

Campus Telephone

Supervisor's Name

Supervisor's Telephone

1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation and the expected duration of the impairment(s). Include the date of diagnosis.



2. **Explain how the impairment(s) listed above affect(s) your ability to perform the essential functions of your position. If you are a new employee, state the anticipated difficulties you foresee in completing your job duties. Be as specific as possible regarding the job duties you are having difficulty performing or believe you will have difficulty performing. Note: Essential Functions are duties that are basic or fundamental to a position.**

3. **List the accommodation(s) you are requesting in order to perform your essential job functions. Note: Accommodation is any modification to a job, practice, policy, equipment, schedules, or the work environment that allows an individual with a disability to participate equally in an employment opportunity.**

4. **Add any comments you feel may be helpful in our consideration of your request.**

5. **Medical verification of the impairment(s) (check the appropriate box):**

I have enclosed the applicable medical documents with this request.

NOTE: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring 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.

NOTE: Colorado State University reserves the right to request documentation if the evaluator believes more information is needed to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.

The disability and need for a reasonable accommodation is obvious and no medical documentation is needed. Explain.