OFFICE OF
EQUAL OPPORTUNITY, ETHICS, AND ACCESS
Illinois State University

EMPLOYMENT ACCOMMODATION REQUEST FORM: *CONFIDENTIAL*

Intake Date: _____

NAME:	
DATE OF BIRTH :	**HIRE DATE:**
FEMALE ☐ MALE ☐ UID:	**SUPERVISOR:**
POSITION:	**POSITION APPLIED FOR:**
CAMPUS ADDRESS:	**PHONE NUMBER:**
HOME ADDRESS:	

Identify your physical and/or mental impairment (s) for which you are requesting an accommodation and expected duration of the impairment (s):_____

_____

Explain how the impairment (s) listed above affects your ability to perform the essential functions (s) of your job or position applied for:_____

_____

List the accommodation (s) you are requesting in order to perform your essential job functions: _____

_____

I, _____, give Illinois State University permission to explore employment related reasonable accommodations. I understand that all information obtained from medical examinations and inquiries will be job-related and consistent with business necessity and will be maintained and used in accordance with the Americans with Disabilities Amendments Act of 2008 (ADAAA), and all applicable State and Federal laws, or under the provisions of any similar and appropriate sections of succeeding ADAAA laws. The ADAAA provides that ADA related medical files must be kept separate and apart from the location of personnel files, and that access is limited to those personnel involved in the implementation of workplace accommodations. By considering this request, the University does not consider or regard the person as having a disability as defined by the Americans with Disabilities Act, the Illinois Human Rights Act, or any other applicable law.

I VERIFY THAT THE ABOVE INFORMATION IS CORRECT:

_____ **Date**_____
Employee signature

_____ **Date**_____
OEOEA Representative Signature

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