



### Employee Accommodation Request Form

The Accommodation Request Form must be used when seeking accommodation(s) due to a documented disability. To make a request you must:

- Review the University of Tulsa Accommodation Requests Policy.
- Complete this form and return it to Dr. Tawny Rigsby, Campus Accessibility Services, 2<sup>nd</sup> Floor Hardesty Hall, 800 South Tucker Drive, Tulsa, OK 74104 or fax via 918-631-3543.
- Submit an Employee Accommodation Verification Form.

The information provided will assist the University in making decisions about appropriate accommodations. The University considers various types of information, including but not limited to, essential job functions, functional limitations, employee preferences, and factors that contribute to any functional limitations (see the University of Tulsa Accommodation Requests Policy).

Name: \_\_\_\_\_ TU ID: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Affiliation (check):     Faculty     Staff

Primary Phone # \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Supervisor (print): \_\_\_\_\_

Work Schedule (days/hours; full or part time): \_\_\_\_\_

#### Medical Information:

Name of the medical condition(s) at issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the medical condition at issue, including any medical restrictions resulting from the medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is/are the accommodation(s) you are requesting? Please describe the requested accommodation(s) you believe is/are needed to enable you to perform the essential functions of this job:

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**Note:** Requests *cannot* be processed until pertinent documentation of disability has been provided. Please make copies of any documentation that you provide for your records. Any documentation provided becomes part of your accommodation file and is maintained separately from your personnel file.

I understand that I must have a qualified health care provider (e.g., Psychiatrist/Psychologist/Diagnosing Physician/Licensed Health Care Provider) complete and submit the Accommodation Verification Form and/or their own report documenting my conditions/diagnoses, functional limitations, and recommended accommodations.

I understand the University of Tulsa will consider the accommodations as requested on this form and that copies of all documentation provided will be shared only with select administrators and others, as reasonably practicable, as determined by the University.

By my signature, I affirm that all personal statements and documents that I am submitting in support of my application are true and correct. I certify that I have read and reviewed The University of Tulsa Accommodation Requests Policy. I further certify that the information provided is accurate and true to the best of my knowledge and I understand that a misstatement or omission of fact may be cause for dismissal. I also understand that, under certain circumstances, the University may require me to undergo testing or evaluation by medical personnel retained by the University for the purpose of establishing the existence and extent of my medical condition and my ability to perform job-related functions with or without reasonable accommodation. I further understand that the University is not obligated to provide any specific accommodation I request but will evaluate my request in light of all information available in making a determination of what is a reasonable accommodation. I authorize the release of limited disability-related information to the appropriate offices as it relates to my request for, and/or use of, such accommodations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Once you submit this form, Campus Accessibility Services staff will contact you about your request.*