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Drake University
Human Resources

Employee Disability Accommodation Request Form

Purpose: Consistent with the Americans with Disabilities Act (ADA), Iowa Civil Rights Act (ICRC), and Section 504 of the Rehabilitation Act of 1973, Drake University provides reasonable accommodations to qualified individuals with disabilities to perform the essential functions of their positions.

Process: An employee may make a request for a reasonable accommodation to the employee's supervisor, and/or to Human Resources. A request to a supervisor will be forwarded to and reviewed with Human Resources. A request made directly to Human Resources will be discussed with the employee's supervisor to the degree necessary to properly evaluate the request and to implement any accommodation provided.

To make a request for reasonable accommodation:

- Complete the information sections of the Accommodation Request Form below;
- Sign and date the Accommodation Request Form, and return it to your supervisor or Human Resources;
- You may be required to provide additional information from a medical provider documenting your condition, any limitations related to the condition, and the need for the accommodation requested. If such documentation is needed, you will be asked to complete the Documentation of Disability Form (a separate form), including obtaining information from your physician or health care provider. Return the completed Documentation of Disability Form to Human Resources.
- When the process is complete, you will receive an Accommodation Information form.

Note: An employee may request that Human Resources not disclose the nature of the disability/condition to the employee's supervisor. Whether, or to what degree, such a request can be honored will depend upon what information must be exchanged to determine what reasonable accommodations are reasonable and effective, and to provide the accommodation.

TO BE COMPLETED BY THE EMPLOYEE:

Employee Name: _____

Telephone: _____ Email: _____

College/Division: _____ Position: _____

Department: _____ Supervisor: _____

Work Schedule: (days/hours; full-time; part-time): _____

- 1) Please describe the physical or mental impairment/condition for which you are requesting an accommodation (Please note that it is not necessary to provide a specific medical diagnosis):

**Note: Please do not provide any genetic information in response to this question, consistent with the Genetic Information Nondiscrimination Act. "Genetic information" includes your family medical history, the results of your or your family member's genetic tests, the fact that you or your family member sought or received genetic services, and genetic information of a fetus or embryo.*

- 2) Please describe any limitations resulting from your condition that interfere with your ability to perform the essential functions of your position:

- 3) Please describe the accommodations you believe are needed to enable you to perform the essential functions of your position:

- 4) Are you requesting use of a Service Animal? Yes No

If yes, please include information or documentation to verify (1) the service animal is required because of a disability, and (2) the work or tasks which the animal has been trained to perform. (Deterring crime or providing emotional support, well-being, comfort, or companionship are not approved uses for a Service Animal under current federal regulations.)

Employee Signature: _____ **Date:** _____

Any questions regarding the reasonable accommodation policy or process should be directed to Human Resources, 2507 University Avenue, Des Moines, IA 50311-4505, Phone: 515-271-3133. Please also visit the University's Human Resources Website: <http://www.drake.edu/hr/>