



**Office of Human Resources – Equal Employment Opportunity  
ADA Accommodation – Request Form**

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Please complete this form and submit it to the Human Resources EEO Office to allow us to work together and address your request for reasonable accommodation. This information and other related documentation will be kept separate from your personnel and benefits files.

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Banner Id: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please identify any impairment that is the basis of your request for reasonable accommodation(s):

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Describe the nature, severity and duration of the impairment(s) identified above:

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Have you been treated by a doctor or other medical professional regarding the impairments you identified? Please provide contact information for anyone you identify.

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Describe the accommodation you are requesting.

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Describe how the accommodation you are requesting will enable you to perform the essential function(s) of your job.

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Additional Employee Comments:

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**The Office of Equal Employment Opportunity will:**

- **Consult with employee and provide necessary documentation.**
- **Review your ADA accommodation documentation.**
- **Consult with management to discuss requested ADA accommodations.**
- **Follow-up meeting with employee is scheduled to discuss determination. A letter of approval or denial is presented at this time.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Confidentiality

Materials related to an employee's ADA accommodation request, including the written request for accommodation and any other documentation/information, will be kept confidential, but may be disclosed for University/department business reasons or as necessary to effectuate the accommodation. For additional information, please contact Kay Faircloth in Human Resources at 910.672.2461. ADA requests may be submitted via email at [jfaircl6@uncfsu.edu](mailto:jfaircl6@uncfsu.edu).