UNIVERSITY OF CINCINNATI - EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

Employee Name____________________________________  Job Title___________________
Department__________________________________ Supervisor_______________________
Work Location__________________________ Work Shift/Schedule_____________________
Telephone # - Work_______________ Home______________ Cell__________________

1. Describe the job duties that are expected of you for which you are requesting accommodation.

2. Describe the functional limitation(s) caused by your condition(s) for which you are requesting accommodation.

3. Does your disability substantially limit you in (  ) seeing, (  ) speaking, (  ) hearing, (  ) breathing, (  ) walking, (  ) standing, (  ) sitting, (  ) reaching, (  ) sleeping, (  ) learning, (  ) concentrating, (  ) thinking, (  ) interacting with others, (  ) performing manual tasks, or (  ) other ____________________________?

4. Please describe any potential reasonable accommodation(s) that would overcome the above limitations.

Employee’s Signature: _________________________________ Date: __________________

INSTRUCTIONS:
The employee requesting accommodation is asked to call Steve Bangs, Employee Disability Services (EDS), at 513-584-4482, and is encouraged to fax this completed form to 513-584-2222. This completed form will be maintained in your UHS medical chart. EDS is a division of University Health Services (UHS) and is a resource to assist the employee, medical care providers, and the employer when identifying needed and effective reasonable accommodations.

Date received by EDS on ________________ Signature/Stamp ________________________________

January 2015 (rev 1)