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** (  ) 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 to provide a job description and discuss accommodation needs with his/her treating medical provider. Employees seeking accommodation are to call University Health Services (UHS), Holmes Clinic 513-584-4457 to schedule an appointment. This form and treating provider documentation (verifying disability, functional limitations, duration of disability and recommendations for required job-related accommodation) are to be presented at the time of the UHS appointment.

3/2017