KEAN UNIVERSITY
Office of Human Resources

<u>Request for Accommodation Form</u>

This form should be completed by employees requesting a reasonable accommodation pursuant to the Americans with Disabilities Act (ADA) of 1990, Section 503/504 of the Rehabilitation Act of 1973 and the New Jersey Law Against Discrimination (LAD). Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation. The information you provide will be treated confidentially. Employees should submit the completed form to benefits@kean.edu. Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

Name   Mailing Address
Title
Dept   Contact Info
Supervisor

A. Describe the nature, extent and duration of your disability. Additionally, please indicate any limitations caused by your condition(s) that you are currently experiencing.

B. Provide a brief description of the type of work that you perform, and your physical environment (i.e. building & office number)

C. Given your limitations, what job function are impacted and/or are you having difficulty performing?

D. Describe the accommodations you believe are needed to enable you to perform the essential functions of this job? How will this assist you?

I have read and understood the Kean University Reasonable Accommodations Policy and Procedures. I understand that I am required to submit an <u>Interactive Process Questionnaire Form</u> from my doctor (or other written verification such as a letter from my doctor on letterhead that addresses the questions on the form) sufficient to substantiate the medical basis for an accommodation. I authorize the release of information regarding my accommodation request and/or disability to Kean University management as deemed necessary by human resources to facilitate the interactive process for this request for accommodation.

Employee's Signature: *Date:*