# UMKC

**ADA Coordinator**
**Office of Affirmative Action**
**University of Missouri-Kansas City**

# CONFIDENTIAL REQUEST FOR EMPLOYMENT ACCOMMODATION

**Directions**: **If you believe you may need an employment accommodation because of a disability, please complete this form and email it to Mikah K. Thompson, ADA Coordinator, at thompsonmikah@umkc.edu.**

If there is not enough space on the form for your answers, please add pages as necessary. The information you provide will assist UMKC in determining whether, and/or to what extent, reasonable accommodations may be required for you to perform the essential functions of your job.

If you would like to discuss your situation before completing the form or have any questions about the accommodations process, please email or call Mikah K. Thompson at thompsonmikah@umkc.edu or 816-235-6910.

**The ADA Coordinator will keep this form separate from your personnel file and will not share this form with your supervisor unless you give permission; however, the information you provide may be shared with your health care providers (see below).**

_____
(Name)

_____
(Employee ID Number)

_____
(Email Address)

_____
(Phone Number)

_____
(Campus Address)

**CHECK ONE:** ___Faculty Member ___Staff Member ___Student/Employee

_____

1.  Please provide a brief description of your specific job, including: your job title, your department, and the primary tasks you perform as a part of your job.

2.  Identify and describe the function(s) or duties of the position that you are having difficulty performing or anticipate having difficulty performing.

3.  Identify and briefly describe the medical condition(s) or disabilities that are affecting your job and are the reason for your request for reasonable accommodations.

4.  Is the impairment temporary or long term? If temporary, how long is the condition expected to last?

5.  Identify and describe the accommodation(s) you believe would improve your ability to perform the functions of your job (for example: assistive technology, special equipment, changes to procedures).

6.      Identify and describe any equipment, aids, or accommodations that you are already using.




7.      Have you discussed your need for accommodation with your supervisor?




8.      Often, the easiest way to arrange an accommodation is to simply plan a meeting in which you, your supervisor, and the ADA Coordinator discuss various options for accommodation together. May the ADA Coordinator contact your supervisor about your accommodation request?


        If so, please provide:

        _____
        NAME OF SUPERVISOR

        _____
        SUPERVISOR'S PHONE NUMBER

        _____
        SUPERVISOR'S EMAIL ADDRESS

## PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE

1. I believe that I have a disability that may affect my work. In order to minimize or eliminate the effect of the disability on my work performance, I am voluntarily requesting that the ADA Coordinator review my situation to evaluate my need for a reasonable accommodation.
2. **I understand that submitting this form is an initial step only**, and that I will need to meet with the ADA Coordinator and possibly provide medical documentation in order to move forward with the accommodation process.
3. I understand that UMKC will not assume, based only on my submission of this form, that I am disabled or that a change or accommodation in the workplace is required.
4. **I understand that the ADA Coordinator must be able to confirm the existence and extent of my disability and how it affects my ability to perform the duties and responsibilities of my position, and that this may require me to provide medical documentation and/or authorize contact between my health care providers and the ADA Coordinator.**
5. I understand that this information is necessary so that UMKC can respond to this request, and that this form and any attachments I have provided may be shared with my health care providers.
6. I understand that if I am granted a reasonable accommodation, this may require disclosure of some information about my impairment to supervisors and others at UMKC who have a need to know enough about the impairment to assist in providing the accommodations and/or in implementing accommodations.
7. I agree to provide any information needed in order to properly respond to this request.

The statements above are complete, accurate, and true to the best of my knowledge.

_____          _____

SIGNATURE OF EMPLOYEE                                                    DATE