Disability Accommodations Request Form

An accommodation is a modification to workplace policies/procedures, workspaces/facilities, or conditions which enable an individual with a disability to apply for a job, perform the essential functions of a job, and/or enjoy equal access to the benefits and privileges of employment.

Once a request for an accommodation is received, the employee and the Office of Affirmative Action will engage in an interactive process to determine what the individual needs and identify appropriate effective reasonable accommodation(s), when possible. The purpose of the interactive process is to determine what, if any, accommodation(s) should be provided. This means that the individual requesting the accommodation(s) must communicate with the appropriate University official throughout the entire process, but particularly if/when:

1. The specific limitations or barriers are unclear;
2. An effective accommodation is not obvious;
3. Varying options are being considered by the individual and the University; or
4. The current accommodation is no longer effective and another effective reasonable accommodation should be identified, when possible.

The University will seek to provide reasonable accommodation to the known physical or mental limitations of a qualified individual with a disability who is an employee unless the accommodation would impose an undue hardship on the University. The University will not approve accommodation requests when the employee’s disability would impose a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation.

In some instances, medical documentation may be required regarding the disability. Medical information will be treated as confidential and disclosed only as permitted by law, but supervisors and managers may be informed regarding necessary restrictions and accommodations, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

All decisions on accommodation requests are issued by and from the Office of Affirmative Action, in consultation with the employee and their supervisor(s) and in accordance with UM System Collected Rules and Regulations 600.080 Policy Related to Employees with Disabilities and all applicable state and federal laws and regulations.

The University prohibits discrimination against or harassment of employees on the basis of disability, including because the individual has requested a reasonable accommodation or made a complaint of disability discrimination. Related complaints may be filed with the Office of Affirmative Action.

1 A “qualified individual” is a person who has the requisite skills, experience, education, and other job-related requirements of a position held or desired, and who, with or without reasonable accommodation, can perform the essential functions of the job, or the fundamental job duties of the employment position the person with a disability holds.
**Directions and Procedures**

Employees are encouraged to complete all information on the request form and submit it to the Office of Affirmative Action. Incomplete forms may delay the evaluation and accommodations process.

**Employee Information**

Employee Name (print or type): ____________________________________________

Title: ___________________________________________________________________

Email: ___________________________________ Phone: __________________________

Supervisor: ______________________________________________________________

Email: ___________________________________ Phone: __________________________

Work Location: ____________________________________________________________

**Disability Accommodation(s) Questionnaire**

1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation(s). Include the approximate date of diagnosis by a healthcare provider.

2. What is the expected duration of the impairment (temporary or long-term)? If temporary, how long is the impairment expected to last?

3. What are the primary tasks/essential functions you perform as part of your job? Note: Essential functions are duties that are basic or fundamental to a position. Attach additional pages if necessary.
4. Explain how the impairment(s) listed affect(s) your ability to perform the essential functions of your position. If you are a new employee, state the anticipated difficulties you foresee in completing your job duties. Be as specific as possible regarding the job duties you are having difficulty performing or believe you will have difficulty performing.

5. What specific accommodation(s) are you requesting, and how will this accommodation(s) assist you? Consider changes to policies/procedures, special equipment, assistive technologies, etc.

6. What, if any, employment privileges are you having difficulty accessing? Please explain.

7. Have you discussed your need for accommodation with your supervisor? Note: this is not required prior to submitting the Disability Accommodations Request Form.
8. Provide any additional information that might be useful in processing your accommodation request(s).

By signing below, you acknowledge the following:

1. You have reviewed the information contained within this Disability Accommodations Request Form;
2. You are voluntarily requesting that the Office of Affirmative Action review your situation to evaluate your need for reasonable accommodation(s);
3. The submission of this form does not guarantee an accommodation will be granted by the University;
4. The University will not assume, based only on your submission of this form, that you are disabled or that a modification or accommodation in the workplace is required;
5. The law allows the Office of Affirmative Action to share information regarding your medical information in limited circumstances with individuals who are considered to have a legitimate need to know this information. These persons can include your supervisor(s), human resources personnel, first aid and safety personnel, personnel investigating compliance with the law, and other persons considered to have a legitimate need to know; and
6. The University has the right to request medical documentation, from you or your healthcare provider directly, to verify the existence of a disability and to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation(s).

Employee Name (print or type): ________________________________

Employee Signature: ___________________________ Date: _________________

Submission to the Office of Affirmative Action

Please submit the completed form by email, fax, postal mail, or in-person drop-off:

Email: wyattsb@umkc.edu
Fax: 816-235-6537
Postal Mail: Dr. Sybil Wyatt, Office of Affirmative Action, University of Missouri – Kansas City, 5115 Oak Street, Room 212, Kansas City, MO 64112
Drop-Off: Office of Affirmative Action, Administrative Center Room 212