



Request for Disability Accommodation in Employment

This form is an initial step in processing your request under the System or University's policy of employing people with disabilities. An accommodation is defined as a reasonable modification or adjustment to the employment application process, the work environment, and/or the manner and circumstances under which the position held or desired is customarily performed.

The System or University, in evaluating your request, may also require additional medical certification or other information from your medical provider(s). All medical, and other information gathered pursuant to a request for a reasonable accommodation to the extent allowed by law, is confidential. These records will be maintained by Human Resources, kept separate from personnel files and will be accessible only to authorized personnel. Supervisors/managers will be informed of necessary work restrictions and the accommodations requested.

Name: _____ Check one: Employee Applicant

Employee ID: _____ Position: _____

Department: _____ Supervisor: _____

1. Describe the nature of your disability. **(please attach medical documentation, if available)**

2. Describe the specific problem or difficulty associated with your disability, either existing or anticipated, for which you are seeking reasonable accommodations.

3. Describe the specific action(s), changes, equipment or modification that will provide reasonable accommodations to your disability and describe their specific purpose.

4. Explain if applicable any resources you already have, have access to, or are aware of which would provide the accommodation(s) requested.

Name of Primary Medical Practitioner/Physician: _____ Phone: _____
(Not required for Applicants)

Employee/Applicant Signature: _____ Date: _____

My signature indicates my permission for Human Resources to contact my medical practitioner to seek additional or clarifying information and for the medical practitioner to release such information as applicable for the evaluation of my request for accommodation. The information provided by me is true and correct to the best of my knowledge.

Please return the completed form to the UNT System Office of Equal Opportunity:

Fax - 940-369-5549

Email - Workplace.Accommodations@untsystem.edu