



ADA Compliance
Department of Human Resources
Dept. 3422
1000 University Avenue
Laramie, WY 82071

ADA Employee Accommodation Request Form

This form is the initial step in processing your request for an accommodation under the Americans with Disabilities Act (ADA). An accommodation is a reasonable modification or adjustment to the work environment that enables a qualified person with a disability to perform the essential functions of a position, or enjoy the same benefits and privileges of employment as non-disabled employees. In order to determine whether you are eligible for an accommodation under the ADA, ADA Compliance will ask for documentation of your medical condition. Having a medical condition alone is not enough to make you eligible for an accommodation. Under the ADA, an individual with a disability is a person with a physical or mental impairment that substantially limits one or more major life activities, such as breathing, eating, sleeping, walking, talking, manual tasks, etc.

The ADA requires that ADA Compliance keep medical information confidential. However, the law allows the ADA Coordinator 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 ADA, and other persons considered to have a legitimate need to know. The law does not prohibit you from voluntarily discussing your condition or medical information with others.

Employee Information

Date Requested: _____

Employee Name: _____

Phone/Extension: _____

Department: _____

Position: _____

Supervisor: _____

Accommodation Request Details

Please describe the medical condition for which you are requesting an accommodation:

Please explain how the medical condition affects your ability to perform your job:

Please describe the reasonable accommodation(s) you are requesting:

Employee Signature: _____

Date: _____

Please submit the completed form to ADA Coordinator, Department of Human Resources, Hill Hall,
University of Wyoming

Or send via U.S. mail to:

ADA Compliance
Department of Human Resources
Department 3422
1000 E. University Avenue
Laramie, WY 82071