This form is the initial step in processing your request for reasonable accommodation under the University’s procedures. An accommodation is a reasonable modification to the work environment that enables a qualified person with a disability to perform the essential functions of a position and enables access to the same benefits and privileges of employment as enjoyed by employees without a disability.

You should use this **Disability Accommodation Request Form** when you seek a workplace accommodation due to a documented disability. To make a request for accommodation, you must:

- Notify the Benefits Analyst in Human Resources of your desire for a reasonable workplace accommodation and supply any documentation you would like in order to establish your need for the accommodation sought;

- Complete this form and return it to the Benefits Analyst in Human Resources (note that we may, in appropriate cases, act on your oral request for a reasonable accommodation prior to receiving documentation, but we request that you complete this form for documentation purposes);

- If requested by the Benefits Analyst in Human Resources, complete Section 1 of the Documentation of Disability Form (separate form) and have your physician or care provider complete Section 2 of the form. Your doctor will submit the form directly to the Benefits Analyst in Human Resources.

The Benefits Analyst in Human Resources, together with you and your supervisor, will consider what reasonable accommodations are appropriate under the circumstances. In certain case the Department of Health and Environmental Safety may be involved in evaluating a request for reasonable accommodation.

**Section 1: Contact Information**

Employee Name: ________________________________________________________________

Job Title: ___________________________ Department/College: ________________

Supervisor: ____________________________________________________________________

Work Schedule (days/hours; full-time; part-time): ________________________________

Work location: ___________________________________________________________________
**Section 2: Accommodation Request**

Describe the physical or mental impairment and expected duration of impairment for which you are requesting an accommodation. Please note that it is not necessary to indicate a specific medical diagnosis (attach additional pages if necessary.)

What, if any, job function are you having difficulty performing?

What major life activity does the condition impair?

What, if any, employment benefit are you having difficulty accessing?

Explain how the physical or mental impairment is interfering with your ability to perform your job or access an employment benefit?

The Condition is:
[ ] Temporary  [ ] Permanent; Expected to last until: ______________ Date

Have you had any accommodations in the past for this same impairment at Villanova University or elsewhere?  [ ] Yes  [ ] No

If yes, what were they and how effective were they?
Villanova University
Employee Disability Accommodation Request Form

If you are requesting a specific accommodation, please list the accommodation and indicate how the accommodation will assist you in performing your job.

Provide any additional information that might be useful in processing your accommodation request.

Employee Signature_________________ Date_________________

Return this completed form to:

Human Resources Department
Attn: Disability Benefits Analyst
Villanova University
800 Lancaster Ave.
Villanova, PA 19085

Completed form may be faxed to 610-519-6667 however the completed original must still be mailed to the above address.