Portland State University - ADA Request Form

Part 1 – Accommodation Request / Employee Form

Employee ID: ___________________________ Employee Email ____________________________

Employee Name ________________________ Department: ________________________________

Supervisor: ______________________________

TO BE COMPLETED BY THE EMPLOYEE (you may type and attach your responses)

Attach a copy of your position description to this form. Highlight the essential functions. You may also choose to provide any other supporting documentation including your ADA Part 2, Additional Medical Certification, and anything else that would help us better understand your request and/or needs:

1) Disability/Disabilities to be accommodated (Please select all that apply. If not listed please use the text box below to provide more information on your disability or disabilities.)

☐ ADD or ADHD
☐ Back/Spinal Injury
☐ Chronic Medical
☐ Diabetes
☐ Hearing Impairment
☐ Musculoskeletal Disability
☐ Psychological
☐ Speech
☐ Visual Impairment
☐ Other* (use field below to explain)

☐ Cognitive Disorder
☐ Head Injury
☐ Learning Disability
☐ Neuroskeletal Disability
☐ Autism Spectrum
☐ Orthopedic
☐ Seizures
☐ Temporary Medical

2) Please explain in detail any accessibility barriers or functional limitations that are interfering with your ability to perform your job.

3) Please include all specific job functions that this accommodation request is intended to address and how your disability interferes with your ability to perform those job functions

4) Please identify and describe the reasonable accommodation(s) you are requesting and how such accommodation(s) will assist you

Certification:

Please note that the information you share with PSU Human Resources (HR) regarding the nature of the disability is confidential. It will be maintained in compliance with state and federal law. Any information that HR may share with your supervisor or department is based on "need to know" in order to facilitate your accommodation or ensure your health or safety. HR will not disclose disability-specific information without your express written consent.

I have read and understand this information:

Signature: ____________________________ Date: _______________