



Office of Human Resources

200 Grace Hall, Notre Dame, IN 46556 ♦ Phone: 574-631-8010 ♦ Fax: 574-631-6926 ♦ E-mail: mpaskell@nd.edu

Reasonable Accommodation Request Form
CONFIDENTIAL

The purpose of this form is to assist the University of Notre Dame in determining (1) whether an employee is “disabled” as defined by relevant law, and if so, (2) to what extent a reasonable accommodation is required to perform one or more essential functions of his or her job.

Name: _____ Request Date: _____

Telephone: _____ E-mail: _____

Home Address: _____

Job Title: _____ Department: _____

Department Head/Supervisor: _____

Have you contacted the Office of Institutional Equity or Human Resources? Yes No

If so, when? _____ With whom did you speak? _____

Please state the nature of your disability/medical condition:

Please provide a description of the accommodation you are requesting:

I give the University of Notre Dame, including but not limited to the ADA Program Manager, Risk Management, the Provost’s Office and/or Human Resources, my manager/supervisor, department head and others who need to know, permission to explore possible coverage and reasonable accommodations under the Americans with Disabilities Act, as amended. All information obtained by the University during this process will be maintained in a separate confidential file and disclosed on a need-to-know basis.

Employee’s Signature

Date

Please return this form to:

Office of Human Resources
University of Notre Dame
200 Grace Hall
Notre Dame, IN 46556
Email: *mpaskell@nd.edu*
Fax: (574) 631-6926