



UNIVERSITY OF ARKANSAS AT LITTLE ROCK
Americans with Disabilities Act (ADA)
ADA Accommodation Request Form

Date of Request: [] T# []
Name of Employee Requesting Accommodation: []
Mailing Address: []
Phone Number: []
Job Title: [] Department: []
Name of Department Head/Supervisor: []

Type of Accommodation Requested – Please specify the accommodation you are requesting, e.g., assistive equipment, facility modifications, flexible schedule, etc.

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Reason for the Request – Please describe the job duties, barrier, facility or program requiring the accommodation. Describe how it limits your ability to participate in a program or to perform employment tasks.

[]

Signature

Employee Date

NOTE TO UNIVERSITY MANAGER AND SUPERVISORS: To ensure that all requests for reasonable accommodations are given full consideration, managers may not deny an accommodation without further review by university officials charged with ensuring compliance with the Americans with Disabilities Act.

To be completed by the Department Head/Supervisors:

- Concurrence with the accommodation(s) requested by the employee
Department suggestions for accommodations, please explain:

[]

Final Resolution of the employee’s request for accommodations by the employee and the University.

I accept the accommodations(s) identified above and offered to me by the university and agree that they are accommodations that I feel will assist me in performing the essential functions of my job.

Signatures

Employee Department Head