

Reasonable Accommodation Request Form
Faculty / Staff Application for Services

CONFIDENTIAL

This form should be used by University employees who wish to request a reasonable accommodation under the Americans with Disabilities Act (ADA), the Illinois Pregnancy Accommodation Act, or other applicable State and Federal civil rights laws.

Type of Accommodation Requested

- Disability or qualifying medical condition
Pregnancy, childbirth, or related condition

This form must be filed separately from the employee's personnel file and is a confidential document.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office Location: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Employee Id Number: \_\_\_\_\_ Request Date: \_\_\_\_\_

Job Title/Classification: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Note: Faculty and Staff are urged to complete and return this application prior to requesting workplace accommodations.

**Diagnosis and Nature of Disability**

1. Please identify and describe the diagnosis, nature, severity, and the functional limitations associated with each disability for which services are requested:

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2. Explain how the impairment(s) listed in #1 affects your ability to perform the essential function(s) of your job.

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3. List the accommodation(s) you are requesting in order to perform your essential job functions (attach additional pages if necessary).

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4. Additional Information you would like to share:

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5. Medical verification of impairment (check the appropriate box):

I have enclosed the **applicable** medical documents with this request.

The disability and the need for a reasonable accommodation is obvious and no medical documentation is needed. Explain \_\_\_\_\_

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I, \_\_\_\_\_, give Northwestern University permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

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Signature of Requestor

Date

**Return completed form via mail, in person, e-mail, or via fax to the following:**

**Office of Equity**  
**1800 Sherman Ave., Suite 4-500, Evanston, IL**  
**60208 Phone: 847.467.6165 • Fax: 847.467.0698**  
[accommodations@northwestern.edu](mailto:accommodations@northwestern.edu)