

Accommodation Request Form (Employees)

Florida Polytechnic University is committed to equal opportunity in all aspects of employment. This form is intended to assist in determining whether, and to what extent, a reasonable accommodation is necessary and available for an employee with a disability to perform the essential functions of their job safely and effectively. The information you provide will be kept confidential consistent with state and federal laws. Information may be shared with supervisors and managers to the extent necessary to engage in the interactive process regarding necessary accommodations. Health and safety personnel may be informed if the condition might require emergency treatment. Government and University officials investigating compliance with applicable laws might be informed on the information disclosed.

Employee Name: _____

Employee ID: _____

Department: _____

Position/Title: _____

Campus Address: _____

Email: _____

Campus Phone: _____

Other Contact Number: _____

Supervisor: _____

Supervisor Phone: _____

Current work schedule/shift/days worked: _____

Is your position: full time/part time/ student worker

Disability Information

My Request is for a:

- Permanent or Long Term Disability (Greater than 6 months)
- Short Term Disability (Less than 6 months)
- One Time Event or Special Program

Please indicate the nature of your disability:

Visual, hearing, mobility, respiratory, speech, neurological, mental/psychological, learning disability, other (please specify)

In general, for purpose of this form the term “disability” means a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

Please describe in detail how your disability affects your ability to perform your work duties (any limitations or restrictions):

Requested or recommended accommodation(s) or service(s) related to your disability that would help you meet the essential functions of your current job:

Medical documentation from a treating medical provider will be required. The documentation must indicate the anticipated duration of the need for accommodation(s), the medical restrictions the disability presents, and any suggested accommodation(s). Additional documentation may be requested as part of the interactive process.

After receiving all documentation, the Human Resources Representative will utilize an interactive process with the requestor. I hereby agree that the Human Resources can share relevant information from my physician or other health care provider(s) with the supervisor(s) in my immediate work unit and with other University offices that may be involved in assisting in the development of reasonable accommodations to assist me in completing my assigned work responsibilities.

Release of Information: I hereby authorize the release of the above information to Florida Polytechnic University, in conjunction with the Disability Accommodation Certification, for the purpose of determining if I am a qualified individual with a disability and the appropriateness of the requested reasonable accommodation(s). I further authorize Florida Polytechnic University to seek clarification of this document and the Disability Accommodation Certification, if necessary, by contacting my physician or care provider.