



University of Colorado at Boulder

Department of Human Resources
Office of the ADA Coordinator

3100 Marine Street, Third Floor
565 UCB
Boulder, Colorado 80309-0565
(303) 492-0956
FAX: (303) 492-4491

Employee Accommodation Request Form

This form is an initial step in processing your request for an accommodation under the Americans with Disabilities Act (ADA). An accommodation is a reasonable modification or adjustment to the work environment that enables a qualified person with a disability to perform the essential functions of a position, or enjoy the same benefits and privileges of employment as are enjoyed by non-disabled employees. In order to determine whether you are eligible for an accommodation under the ADA, the ADA Coordinator will ask for documentation of your medical condition. Having a medical condition alone is not enough to make you eligible for an accommodation. Under the ADA, an individual with a disability is a person with a physical or mental impairment that substantially limits one or more major life activities, such as breathing, eating, sleeping, walking, talking, manual tasks, etc.

The ADA requires that the ADA Coordinator keep medical information confidential. However, the law allows the ADA Coordinator to share information regarding your medical condition with individuals who are considered to have a legitimate need to know this information. These persons can include your supervisor(s), human resources personnel, first aid and safety personnel, personnel investigating compliance with the ADA, and other persons considered to have a legitimate need to know. The law does not prohibit you from voluntarily discussing your condition or medical information with others.

EMPLOYEE INFORMATION

Date Requested:

Department:

Employee Name:

Position:

E-Mail Address:

Supervisor:

Phone/Extension

Supervisor's ph:

ACCOMMODATION REQUEST DETAILS

Please describe the medical condition for which you are requesting an accommodation:

Please explain how the medical condition affects your ability to perform your job:

Please describe the reasonable accommodation you are requesting:

Employee Signature: _____

RELEASE OF INFORMATION

I authorize my medical provider(s) to release information to, and if necessary, speak with the University of Colorado at Boulder ADA Coordinator about my medical condition for the purpose of determining appropriate job accommodation(s) for my condition.

Employee Signature: _____

Please submit the completed form by e-mail to hr-ada@colorado.edu, by facsimile to (303) 492-3236, or campus mail or in person to:

ADA Coordinator
Administrative and Research Center, 3rd floor, Room 333
UCB 565

U.S.P.S. Mailing Address:

ADA Coordinator
Human Resources
The University of Colorado at Boulder
UCB 565
Boulder, CO 80309-0565