



OFFICE OF HUMAN RESOURCES MANAGEMENT
(Americans with Disabilities Act)

Request for Reasonable Accommodation (Employee)

If you would like to request a reasonable accommodation, you must also submit a completed ADA Reasonable Accommodation Request Form to the Office of Human Resources, Benefits Department

Date of Request: _____

Employee's Name _____

Employee's Work Phone _____

Supervisor's Name _____

Supervisor's Work Phone _____

Job Title _____

Department and Work Location _____

What is the accommodation you are requesting? Please be as specific as possible.

Is your request time sensitive? Yes [] No []

What limitation or condition is interfering with your ability to perform your job?

NATURE OF DISABILITY

- [] Psychiatric
[] Deaf
[] Hearing Impaired
[] Visually Impaired
[] Mobility Impaired
[] Other (_____)

MAJOR LIFE ACTIVITY THAT DISABILITY LIMITS

- [] Seeing
[] Standing
[] Performing manual tasks
[] Breathing
[] Walking
[] Interacting with others
[] Reaching
[] Lifting
[] Caring for Other
[] Sitting
[] Reproduce
[] Thinking
[] Toileting
[] Speaking
[] Learning
[] Concentrate
[] Working
[] Sleeping
[] Hearing

Albany State University · Albany, Georgia 31707 · Telephone: 229.500-2026
University System of Georgia · An Equal Opportunity/Affirmative Action Institution - M/F/V/H

Albany State University is an equal opportunity employer. As such, the University takes affirmative action to include discrimination in recruiting, transferring, training and terminating of employees because of race, color, creed, age, sex, national origin, veteran status, or any other reason with applicable state and federal status, executive orders and other regulations which prohibits discriminatory employment practices.



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What job function or task are you having difficulty performing?

What employment benefit or privilege are you having difficulty accessing (if any)?

How will the requested accommodation assist you?

Please provide any other information you think would be useful in evaluating your request.

I understand that all information obtained by my employer during this process will be maintained and used in compliance with ADA confidentiality requirements. I also understand that I may be required to provide my employer with medical documentation about my condition, its functional limitations, and appropriate accommodations.

Employee's Signature

When you have completed this form, please return the form to:

Return form to:

Albany State University
Office of Human Resources, Benefits Department
2400 Gillionville Road, Suite K111
Albany, Georgia 31707

Contact Information:

Tel: 229.500-2026
Fax: 229.500-4909

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