

UW-MADISON ACADEMIC STAFF
 DISABILITY ACCOMMODATION
 REQUEST FORM
 CONFIDENTIAL

Employee Instructions:

- Complete Section I only
- Print and sign form
- Make a copy for your records
- Send Original form to your DDR* in a "Confidential" envelope

*To identify your DDR (Divisional Disability Representative), go to www.oed.wisc.edu/disability, select Divisional Disability Representative, scroll down to your division or contact the Office for Equity and Diversity at 263-2378.

Section I: Employee (Complete Section I only. Submit entire form to DDR.)

Division, School or College	1.	Employing Unit	2.
Position Title	3.	Date of Request	4.

FOR INFORMAL REQUESTS, GO TO 9. BELOW

Name	5.	Signature	6.
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7. My disability is (e.g., visual impairment, arthritis): _____

8. My disability impairs my ability to perform assigned job duties in the following way (attach additional pages if necessary):

9. The reasonable accommodation I am requesting is (attach additional pages if necessary): _____

Section II: Employer (Refer to campus "Academic Staff Disability Accommodation Policy.")

10. Accommodation Request Decision: Approved Modified Denied

11. (If modified or denied, attach a description of the modification and provide rationale for modification or denial.)

Name of person making decision	12.	Cost of Accommodation	Estimate <input type="checkbox"/>	13.
Signature	14.	Date	Actual <input type="checkbox"/>	15.

After decision, DDR will distribute as follows:
Original – Office for Equity and Diversity, **Copy 1** – Employee, **Copy 2** - Division **Confidential** file.
 DDR will notify supervisor of accommodations(s) to be provided.