



## Request for Disability Accommodation in Employment

This form is an initial step in processing your request under the university's policy of employing people with disabilities. An accommodation is defined as a reasonable modification or adjustment to the employment application process, the work environment, and/or the manner and circumstances under which the position held or desired is customarily performed.

The university, in evaluating your request, may also require additional medical certification or other information from your medical provider(s). All information relating to an accommodation request, including medical documentation, shall be maintained in separate files and shall be treated as confidential medical records with access limited to supervisors/managers who need to be informed regarding necessary work restrictions and accommodations, first aid personnel (when appropriate), and review by government officials investigating compliance with ADA, FMLA or other pertinent law.

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Name: \_\_\_\_\_ Check one: Employee  Applicant

Employee ID: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

1. Describe the nature of your disability. **(please attach medical documentation, if available)**

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2. Describe the specific problem or difficulty associated with your disability, either existing or anticipated, for which you are seeking reasonable accommodations.

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3. Describe the specific action(s), changes, equipment or modification that will provide reasonable accommodation to your disability and describe their specific purpose.

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4. Explain if applicable any resources you already have, have access to, or are aware of which would provide the accommodation(s) requested.

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Name of Primary Medical Practitioner/Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature indicates my permission for the university to contact my medical practitioner to seek additional or clarifying information and for the medical practitioner to release such information as applicable to the evaluation of my request for accommodation. The information provided by me is true and correct to the best of my knowledge.*

**Please return the completed form to:**

UNT: [HRAdministration@unt.edu](mailto:HRAdministration@unt.edu) UNT Dallas: [Dallas.HumanResources@unt.edu](mailto:Dallas.HumanResources@unt.edu)  
UNTHSC: Fax to 817-735-0127 UNT System: [HR@untsystem.edu](mailto:HR@untsystem.edu)