



Employee Disability Resources Office

UNIVERSITY OF WISCONSIN-MADISON

**UW-MADISON FACULTY
DISABILITY ACCOMMODATION
REQUEST FORM
CONFIDENTIAL**

- Complete Section I only
- Print and sign form
- Make a copy for your records
- Send Original form to your Divisional Disability Representative (DDR)

*To identify your DDR go to <https://employee disabilities.wisc.edu/divisional-disability-representatives-ddr/> and scroll down to your division or contact the Office for Equity and Diversity at 263-2378.

Section I: Employee

Division, School or College	1.	Division (or other secondary unit)	2.
Position Title	3.	Date of Request	4.
Name	5.	Signature	6.

7. My disability is: _____

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 "Faculty Reasonable Accommodation Policy & Procedures", Faculty Document #1159b)

10. Accommodation Request Decision: Approved Denied Modified

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.
			Actual <input type="checkbox"/>	
Signature	14.	Date		15.

After decision DDR distributes as follows:

Original – DDR confidential medical file **Copy** – Employee