



Reasonable Accommodation Request for Employees and Job Applicants

If you are unable to access this form or need it in an alternative format, please contact the Employee Disability Resources (EDR) Office at employee.access@wisc.edu

Name (Legal First name/MI/Last name)	Are you an employee or job applicant? Employee ☐ Job applicant ☐
Preferred Name(s)	Your job title or position/job number applying for
Pronouns	Department/Unit
Email and phone number	Name of your supervisor or recruitment contact

UW-Madison is committed to reducing barriers in the workplace by providing the interactive process for reasonable accommodation for employees and applicants with either disability or pregnancy-related limitations. See our [policy and procedure information](#).

To make a request, please fill out this form and share it with your [Divisional Disability Representative](#) (DDR) and/or contact them to indicate your need for your request and schedule a time to talk with them. Any information you include on this form (or via email or phone) will help your DDR start the interactive process.

Information included on this form is confidential and will be kept separate from your personnel file. You should not share medical information or the reason for your accommodation with your supervisor/recruitment contacts.

The [Employee Disability Resources \(EDR\) Office](#) is the university-wide hub for information on the accommodation process for employees and applicants. If you have general questions and/or wish to speak with someone outside your division before making an accommodation request, you can [contact the EDR office](#).

Questions

Please describe the nature of your condition(s) and the difficulties it causes for you to do your job, access workplace benefits (e.g. parking, events, training, etc.), or apply for a job.

What reasonable accommodation(s) are you requesting? (This is not required to start the accommodation process; your DDR and EDR members will help identify possible accommodation to reduce your workplace barriers.)

Employee or Job Applicant Signature

Date

Review date