

ACCOMMODATION REQUEST FORM for Employees

Email this completed form to karmstrong@maine.edu or contact the ADA Coordinator by calling (207) 581-1227. The completed form may also faxed to (207) 581-1214

CONTACT INFORMATION

First Name

Last Name

Employee ID *(if known)*

Date Request Submitted

Campus

Department

Email

Phone

WORKPLACE LIMITATIONS

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation?

Yes

No

If yes, what were they and were the effective?

If you are requesting a specific accommodation, how will that accommodation assist you?

ACCOMMODATION REQUESTED

What accommodations are your requesting?

If you are unsure of what accommodation is needed, do you have any suggestions we can explore? *Please explain.*

Is your request time sensitive? *Please explain.*

Please provide any additional information that might be useful in processing your request.