

**UNIVERSITY OF PENNSYLVANIA  
OFFICE OF AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY PROGRAMS  
PROGRAM FOR FACULTY AND STAFF WITH DISABILITIES**

**REQUEST FOR REASONABLE ACCOMMODATIONS**

1. What is your disability? \_\_\_\_\_

2. Is this a permanent condition?  Yes  No

3. Please describe the accommodations you are requesting. Please be as specific as possible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are the essential functions of your job and how will the requested accommodation(s) assist you in performing them? Please attach your job description.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Name of Treating Medical Professional: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Disability documentation is required to support a request for reasonable accommodations.

I understand that all information provided is kept confidential, except that administrators, managers, and supervisors may be informed of any work restrictions or reasonable accommodations; first aid or safety personnel may be informed to the extent necessary to administer any emergency treatment; and Government officials may be informed as they investigate/audit Penn's compliance with the law.

You cannot be retaliated against for filing a request for reasonable accommodations. If at any time you feel that you are being retaliated against or if you have any questions or concerns, please contact this office at (215) 898-6993(voice) or (215) 898-7803 (TDD).

Your signature affirms that this information is true to the best of your knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_