



**REASONABLE ACCOMMODATION REQUEST FORM**  
**TO BE COMPLETED BY EMPLOYEE**

In keeping with local, state and federal laws, Penn provides reasonable accommodations to qualified employees with disabilities. In general, it is the employee’s responsibility to inform his or her supervisor that he or she needs disability-related accommodation in order to perform the essential functions of the job. A supervisor is not required to provide reasonable accommodations if he or she is not aware of the employee’s need and desire for the accommodation. Reasonable accommodations are determined, identified and implemented in a collaborative process among the employee, supervisor and the Office of Affirmative Action and Equal Opportunity Programs.

Contents of this request are confidential and will only be shared as needed with the appropriate personnel to consider the implementation of a reasonable accommodation. This form will not be placed in your employment record file. All medical documentation will be kept confidential.

To help initiate your request, complete both forms and forward your supporting medical documentation to the Office of Affirmative Action and Equal Opportunity Programs, 3451 Walnut Street, Franklin Building, Suite #421, Philadelphia, PA 19104-6205 or fax to 215-746-7088 or email oaaeop@pobox.upenn.edu

Today’s Date: \_\_\_\_\_ Penn ID: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title/Dept: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Supervisor Phone No: \_\_\_\_\_

Work Address: \_\_\_\_\_

(Please note that while your supervisor will be involved in the process information about your medical condition, including medical documentation, will not be shared, unless authorized by you.)

Home Address: \_\_\_\_\_

(Number and Street)

(City)

(State)

(Zip)

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

How would you like for our office to contact you?

Email

Work Phone

Home Phone

Please provide a brief description of your job responsibilities. If you have a current job description, please provide a copy with this request.

Please explain aspects of your employment responsibilities that are impacted by your condition and how they are impacted. (Use the back of this form for more space.)

**Information About Your Accommodation Request**

1. What is the medical diagnosis for which you are requesting the accommodation?
  
2. Does your condition limit any major life activity? If so, please explain which life activity/activities is/are affected.
  
3. Is your condition temporary or permanent? If temporary, please indicate the duration of the condition.
  
4. Please list the reasonable accommodation(s) that you are requesting.
  
5. What other accommodations might be responsive to your request?
  
6. How long do you anticipate the need for an accommodation?
  
7. Explain how the requested accommodation will enable you to perform the essential functions of your job.

Please check appropriate box:

Are you currently on Short-Term Disability?	Yes	No
Have you been approved for FMLA?	Yes	No
Have you requested a reasonable accommodation through this office or any other office before?	Yes	No

If "Yes," is it the same condition or impairment that you are currently requesting an accommodation for?

Yes                      No

If "Yes," approximately when was the request made? \_\_\_\_\_

This is to acknowledge that I am requesting a reasonable accommodation. I agree to fully cooperate with the Office of Affirmative Action and Equal Opportunity Programs in responding to my request, including providing the appropriate medical documentation. I understand that I may not be provided with the specific accommodation

that I have requested; however, I understand that good faith efforts will be made in making a determination. I verify that the above information is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_