

Disability Accommodation Request Form

This form is to be used by any Rutgers University employee who would like to request a disability accommodation. Information provided to OEE will be maintained in confidence and divulged only to the extent necessary. Medical records are confidential and maintained with OEE. Medical records pertaining to this accommodation request should not be submitted to your department and are not maintained in departmental files. For additional information regarding the accommodations process, please see **Rutgers University Policy 60.1.34: Rutgers University Disability and Reasonable Accommodation Policy**.

*This form may also be completed via the **UHR Service Portal**(<https://rutgers.service-now.com/hrportal>) or emailed (employmentequity@hr.rutgers.edu) or faxed (732-932-0049)*

Name:	NetID:
Preferred Email:	Preferred Phone Number:
Status:	Staff Faculty Applicant Other
Supervisor Name:	

Please explain your disability and/or medical condition:

Please explain how your disability/ medical condition affects your ability to perform your job duties and responsibilities:

Please briefly describe the accommodation(s) you are requesting and how the accommodation(s) will assist you in performing your job duties/responsibilities:

How long do you anticipate needing the accommodation(s) you are requesting? Please provide anticipated start and end dates for any temporary accommodation requested.

Signed:

Date:

Depending on the nature of your responses above, including whether the nature of your disability is described as being readily apparent and/or observable, OEE may require you to submit a completed Medical Inquiry Form to support your request. In order to expedite the processing of your request, if you have a completed Medical Inquiry Form, you are encouraged to submit it simultaneously with this Accommodation Request Form.