



**Office of Institutional Equity**

414 Grace Hall, Notre Dame, IN 46556, Phone: 574-631-0444, Fax: 574-631-0877, E-mail: equity@nd.edu

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**Reasonable Accommodation Request Form**  
**CONFIDENTIAL**

The purpose of this form is to assist the University of Notre Dame in determining (1) whether an employee is “disabled” as defined by relevant law, and if so, (2) to what extent a reasonable accommodation is required to perform one or more essential functions of his or her job.

**Name:** \_\_\_\_\_ **Request Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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

**Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Department Head/Supervisor:** \_\_\_\_\_

**Have you contacted Human Resources or Risk Management?** \_\_\_\_\_

**If so, when?** \_\_\_\_\_ **Who did you speak with?** \_\_\_\_\_

Please state the nature of your disability:

\_\_\_\_\_

Please provide a description of the accommodation you are requesting:

\_\_\_\_\_

\_\_\_\_\_

I give the University of Notre Dame, including but not limited to the Office of Institutional Equity, Risk Management, the Provost’s Office and/or Human Resources, my manager/supervisor, department head and others who need to know, permission to explore possible coverage and reasonable accommodations under the Americans with Disabilities Act. All information obtained by the University during this process will be maintained in a separate confidential file and disclosed on a need-to-know basis.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

**Please return this form to:**

**Individuals with Disabilities Coordinator**  
**Office of Institutional Equity**  
**University of Notre Dame**  
**414 Grace Hall**  
**Notre Dame, IN 46556**