REASONABLE ACCOMMODATION REQUEST FORM

-TOP 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 via fax to 215-746-7088 or via email oaaeop@pobox.upenn.edu.

ACCOMMODATION REQUEST TYPE

Check One:                  [   ] Medical                     [   ] Religious

[   ] *Other/Not Sure

* Please Explain_____________________________________________________________________________________

EMPLOYEE INFORMATION

Today’s Date:_________________ Penn ID:________________________Email:__________________________________

Name:_________________________________________ Job Title______________________________________________

Dept:__________________________________Work Address:_________________________________________________

Home Address:______________________________________________________________________________________

(Number and Street)

____________________________________________________________________________________________________

(City)     (State)      (Zip)

Work Phone:________________________ Home/Cell Phone: _________________________________________________

Supervisor:__________________________________Supervisor Phone No:_______________________________________

Supervisor Work Address:________________________________________________________

(Please note that your medical information will remain confidential and will not be shared with your Supervisor.)

How would you like for our office to contact you? (Check all that apply)

[   ] Email                      [   ] Work Phone                     [   ] Home/Cell Phone

updated 11/2021
ADDITIONAL INFORMATION REQUIRED TO PROCESS YOUR ACCOMMODATION REQUEST

1. Please provide a brief description of your job responsibilities. If you have a current job description or a PIQ, please provide a copy with this request. (Use the back of this form if additional space is needed.)

2. What is the reason for which you are requesting the accommodation? Please explain aspects of your employment responsibilities that are impacted by your condition and how they are impacted. (Use the back of this form if additional space is needed.)

3. Please list the reasonable accommodation(s) that you are requesting. (Use the back of this form if additional space is needed.)

4. Explain how the requested accommodation(s) will enable you to perform the essential functions of your job. (Use the back of this form if additional space is needed.)

5. Does your condition limit any major life activity? If so, please explain which life activity/activities is/are affected.

6. Is your condition temporary or permanent? If temporary, please indication the duration of the condition.

7. What other accommodations might be responsive to your request? (Use the back of this form if additional space is needed.)

8. How long do you anticipate the need for an accommodation?

Please check the appropriate boxes:

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 Penn office previously? [ ] Yes [ ] No

If “Yes,” is it the same condition or impairment that you are currently requesting an accommodation for currently? [ ] Yes [ ] No

If “Yes,” approximately when was the prior 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 appropriate medical documentation. I understand that I may not be provided with the specific accommodation(s) that I have requested; however, I understand that good faith efforts will be made in making a determination on my request. I verify that the above information is complete and accurate to the best of my knowledge.

Signature:_______________________________________________ Date:_____________________

3 updated 11/2021