

**Job Applicant and Employee  
Disability - Reasonable Accommodation Request Form**  
University of Florida - Human Resources - Office of Equal Opportunity

**Individual Requesting/Needing Reasonable Accommodation: (Type or Print)**

Name: _____	Date: _____
Address: _____	
Email Address: _____	Phone: _____
Employment Information:	
Position Number _____	UF ID # _____
Classification Rank/Title _____	
Department/Division _____	
Supervisor's Name _____	Phone _____

**Functions of the Position**

List the function(s) identified on the position description that the individual cannot perform or perform fully:

Essential Functions	Marginal Functions

What evidence or documentation exists to support the need for an accommodation based on disability? (Supporting medical documentation **must** be provided by employee.)

- |                              |                                  |
|------------------------------|----------------------------------|
| _____ Individual's Physician | _____ Occupational Therapist     |
| _____ Individual's Counselor | _____ Vocational Rehab Counselor |
| _____ Physical Therapist     | _____ Other                      |

Reasonable accommodation(s) identified by the employee requesting accommodation:
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This form can be submitted as an email attachment with the steps below.

1. In the upper left-hand corner of the Internet Explorer browser window, Click on File, then Save As on a local drive to keep a copy  
Click on File, then Send Page by Email
2. In the newly opened email window, type eeo@ufl.edu in the "To" field and click "Send"

For additional information or assistance in completing this form, contact the UFHR Office of Equal Opportunity, 903 W. University Ave., phone at 352-273-1776, email at eeo@ufl.edu, TTY: 1-800-955-8771.