

Employee ADA Accommodation Request Form

Consistent with the federal Americans with Disabilities Act Amendments Act (ADAAA), the University of North Carolina at Chapel Hill (University) provides reasonable accommodations to qualified employees with disabilities. The University's Equal Opportunity and Compliance Office (EOC) is charged with determining reasonable accommodations under the ADA and with facilitating the provision of those accommodations. University employees may apply for accommodations using this form.

Having a medical condition alone may not be sufficient to make someone eligible for accommodations under the ADA. Under the ADA, an individual with a disability who may be eligible for accommodations is someone with a physical or mental impairment that substantially limits one or more major life activities or someone who has a record of such an impairment. Substantially limited in performing a major life activity means limited as compared to most people in the general population. Under the ADA, disabilities include, but are not limited to,

- Deafness.
- Blindness.
- Diabetes.
- Cancer.
- Epilepsy.
- Intellectual disabilities.
- Partially or completely missing limbs.
- Mobility impairments requiring the use of a wheelchair.
- Autism.
- Cerebral palsy.
- HIV.
- Multiple sclerosis.
- Muscular dystrophy.
- Major depressive disorder.
- Bipolar disorder.
- Post-traumatic stress disorder.
- Obsessive-compulsive disorder.
- Schizophrenia.

Additionally, accommodations for individuals with medical conditions that put them at more significant risk of severe illness from COVID-19 may be appropriate. However, EOC will evaluate these requests individually based on the particular risk posed in the specific working environment.

By initiating the employee accommodation process and completing this request form, you give the University of North Carolina at Chapel Hill permission to explore employment-related reasonable accommodations. All information requested from medical examinations and inquiries will be job-related and consistent with business necessity and will be maintained and used in accordance with the ADA, and all applicable state and federal laws, or under the provisions of any similar and appropriate sections of succeeding ADA laws. ADA-related medical files are kept separate from personnel files, and access is limited to personnel involved in the determination of reasonable accommodations.

By considering this request, the University does not consider or regard the person as having a disability as defined by the ADA, or any other applicable law. The ADA Coordinator and personnel involved in evaluating an accommodation request are not covered entities as defined in the HIPAA rules. With certain exceptions, the EOC will not disclose the diagnostic or treatment information of its employees participating in the accommodation process. There are, however, instances when your information is shared with certain individuals such as human resource personnel, first aid and safety personnel, or University personnel investigating compliance with the ADA.

FORM

Directions: This form is for UNC-Chapel Hill employees, visitors, and program participants who are requesting reasonable accommodations. Provide a response to each field below. If you are a visitor or program participant, please write "NA" in any required field that does not apply to you.

First Name:

Preferred Name:

Last Name:

UNC PID:

Pronouns:

Position/Job Title:

Department/Unit:

Employment Status:

EHRA EHRA Non-Faculty SHRA N/A Permanent Temporary N/A

UNC Email:

Personal Email:

Preferred Contact Phone Number:

Supervisor Name:

Supervisor Email:

HR Representative Name:

HR Representative Email:

Current Work Schedule/Shift:

Do you have limitations that may impact your ability to evacuate during an emergency?

Yes No Not Sure

If yes, describe the impact.

Is your disability:

Temporary (typically less than 6 months.

Examples generally include broken limbs, sprained joints, concussions, appendicitis and influenza. These conditions may be disabilities in some circumstances.)

Permanent (typically more than 6 months)

Unknown (needs further evaluation)

What is your disability?

Briefly describe your essential job functions or job responsibilities:

Describe limitations/restrictions experienced at work that are caused by your disability:

List any accommodation(s) or service(s) related to your disability that would help you to meet the essential functions of your current job:

Have you received accommodations at UNC in the past?

Yes No

If so, what were they?

Accommodation Types

Additional Leave

Are you currently on Family Medical Leave Act (FMLA) or other medical leave?

Yes No

If yes, when does your medical leave end?

Are you requesting additional leave as an accommodation?

Yes No

If yes, what is your requested return-to-work date?

If yes, have you exhausted your FMLA?

Yes No

Telework

Are you requesting telework (full-time or part-time) as an accommodation?

Yes No

If yes, have you been approved for a Flexible Work Location through the [University's Flexible Work Options program](#)?

Yes No

If so, what is your work location schedule?

If you have not been approved for a Flexible Work Location through this program, and you are eligible for such a flexible work location based on your [job code](#), you should work first with your Department to request a flexible work location or, if your flexible work location request was denied by your Department, attach your completed [Work Location Form](#) or other explanation for the denial to this request.

By submitting this request, you agree to the following:

You must submit the Documentation of Disability form, completed by a health care provider, to the EOC before the interactive accommodations process can begin. You are responsible for ensuring that your health care provider provides sufficient information to the EOC to evaluate the medical necessity for accommodations.

The EOC is permitted to share relevant information from my physician or other health care provider(s) related to workplace limitations with the supervisor(s) in my immediate work unit and other University offices that may be involved in assisting in the development of reasonable accommodations to assist me in completing my assigned work-related responsibilities.

The EOC has my permission to contact my physician or other health care provider(s) for additional information to assist in developing reasonable accommodations for me.