

ADA Accommodation Request Form

In order for employees with disabilities to request an accommodation, this form must be completed and submitted to Austin Peay State University, Office of Affirmative Action, P.O. Box 4457, Clarksville, TN 37044. Information shared with the Office of Affirmative Action will be kept confidential unless you authorize release and exchange of specified information. *Please note: Completion of this form does not guarantee the requested accommodation (s).*

Date: _____

Name (Print): _____

Job Title: _____

Department: _____ Chair/Director: _____

Email: _____ Phone: _____

Condition(s), which I believe, affects my ability to perform the essential functions of my job:

Accommodation(s) I am requesting that will permit me to perform the essential functions of my job:

I request that the accommodation(s) be:

___ permanent

___ until _____

The attached documentation provided by my health care provider certifies the need for the requested accommodation(s).

Employee signature: _____ Date: _____

Person completing form if other than self:

Name: _____ Relationship: _____