

**CONFIDENTIAL**

All information shared with the University through the ADA/ADAAA evaluation and/or reasonable accommodation process will be maintained separate from personnel files and in accordance with all ADA/ADAAA requirements.

**Reasonable Accommodation Request Form**

Individuals who are employed at Purdue University and are requesting reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA) are encouraged to complete this form in its entirety. If you are unable to complete this form on your own, someone else may complete the form on your behalf. **Bring this completed form with you to a meeting with the Purdue Evaluator in Human Resources.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Home or Cell Phone Number*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Position Title*

\_\_\_\_\_  
*Department*

\_\_\_\_\_  
*Campus Address*

\_\_\_\_\_  
*Campus Telephone*

\_\_\_\_\_  
*Supervisor's Name*

\_\_\_\_\_  
*Supervisor's Telephone*

**Questions to Clarify Accommodation(s) Requested and the Reason for the Accommodation Request(s):**

1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation(s) and the expected duration of the impairment(s). Include the date of diagnosis.





5. Provide any additional information that might be useful in processing your accommodation request(s).

**NOTE:** Purdue University reserves the right to request medical documentation to verify the existence of a disability; and, to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.

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*Employee Signature*

*Date*

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*Name of Person Completing this Form, if not employee,  
and Relationship to Employee*

*Date*