

Accommodation Request Form

UNCC will provide, upon request, reasonable accommodation to qualified employees or applicants for employment with disabilities in accordance with PIM 50.

Employee Information:

Name:		UNC Charlotte ID:	
Job Title/Position:		Work Extension/ Email:	
College/Division:		Department:	
Work Schedule (Days/Hours):		Work Location:	
Supervisor:			

Accommodation Request Information: *(Please attach additional sheets as necessary)*

1. Describe the limitation(s) due to your disability that impacts the performance of your job or accessing university benefits.

2. How does the limitation(s) described above affect your ability to perform essential job functions or access a university benefit?

3. What specific accommodation(s) are you requesting and how will this accommodation assist you? *(Please include alternatives.)*

4. If you are not sure what accommodation is needed, do you have any suggestions on options we can explore? Yes No
If yes, please explain.

5. Is your accommodation request time sensitive? Yes No If, yes, please explain.

6. Have you had any accommodations in the past for this same limitation? Yes No If yes, what were they and how effective were they?

7. Have you discussed your request with your supervisor? Yes No

Please provide any additional information that might be useful in processing your accommodation request:

8. Have you attached any supplemental information to this form? Yes No

Signature

Date

Return this form to your supervisor or the Employee Relations Unit of the Human Resources Department (King 113).