

**CREIGHTON UNIVERSITY
VOLUNTARY SELF-IDENTIFICATION AND
REASONABLE ACCOMMODATION REQUEST FORM FOR EMPLOYEES**

POLICY: *Creighton University will provide, upon request, reasonable accommodation to qualified employees and applicants for employment with disabilities and qualified disabled veterans.*

All employees seeking accommodations must complete Part A of this form. You may then EITHER submit this form to your supervisor (and have him/her complete Part B), OR you may submit this form directly to the Human Resources Director (Human Resources will complete Part C).

PART A

Name: _____ Date of Request: _____

Current Job Title/Position: _____

Department: _____

Home Phone #: _____

Work Phone #: _____

Describe the need for reasonable accommodation. Explain how your ability to perform the essential functions of your job are adversely impacted or limited and how the impairment limits your ability to perform the essential functions of your job (attach supporting documentation). Creighton may need to ask you for additional medical documentation of the nature, severity and duration of your impairment, if necessary to determine the need for the accommodation.

Any medical information you provide will be kept confidential as medical records separate from general personnel records and only disclosed to persons on a need to know basis. Information will be used only in accordance with § 503 and § 504 of the Rehabilitation Act and the ADA.

Provide your recommendations for reasonable accommodation(s) and any information you may have about any associated costs (attach supporting documentation).

Signature of Employee

Date



PART B

You may either submit this form to your supervisor, who can sign below:

_____ I have reviewed this request for accommodation, and agree that the accommodation should be implemented.

_____ I have reviewed this request for accommodation, and this accommodation cannot be implemented, for these reasons (If denied, include a statement that the impairment is not an ADA disability or the accommodation will create an undue hardship. (Before denying a request for an accommodation, the supervisor must confer with the Human Resources Department.)

Signature of Supervisor

Date

PART C

OR you may submit this form directly to the Human Resources Director

Human Resources Action: Recommendation Accepted _____ Denied _____

Different accommodations offered to employee and accepted by employee:

If denied, include a statement that the impairment is not an ADA disability or that the accommodation will create an undue hardship:

*Signature of Human Resources Director

Date

The information requested below is intended solely for use by the University to meet its obligations under § 503 and § 504 of the Rehabilitation Act and the Americans with Disabilities Act. It is requested on a voluntary basis and you may refuse to provide it without any adverse treatment.

YOUR SELF DECLARED STATUS:

_____ Individual with a disability _____ Disabled Veteran _____ Vietnam Era Veteran

If you have a complaint about the resolution of your complaint, please contact the Affirmative Action Director about your right to file a grievance.