

Reasonable Accommodation Request Form

Individuals who are employed at the University of Tennessee Health Science Center 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. Completed forms are to be returned to the Office of Inclusion, Equity, and Diversity at hsc-oied@uthsc.edu and marked as confidential or to 920 Madison, Suite 825 Memphis, TN 38163.

Accommodation Request Date:

Department:

Name (please print):

Campus address:

Position title:

Supervisor's Name:

Email:

Supervisor's Telephone:

Campus Telephone:

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

