



Office of Institutional Equity
ADA Request for Reasonable Accommodation

Employee: Please complete this form and have your physician or medical provider complete ADA Disability Verification Form. Both forms should be sent to the ADA Coordinator, Department for Disability Support Services, East Carolina University, 138 Slay, Greenville, NC 27858. Forms may also be faxed to (252) 737-1025. Questions may be directed to the ADA Coordinator at (252) 737-1016.

Consistent with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, the policy of East Carolina University is that no qualified individual with a disability may be discriminated against on the basis of disability. East Carolina University is making affirmative efforts to provide reasonable accommodations to qualified individuals with disabilities. Our goal is to promote institutional programs and employment practices that are accessible to all individuals with disabilities.

Contact Information for Person Requesting Accommodation

Name (indicate Mr., Ms., Mrs.):		Banner ID:
Campus address:		Phone # (work):
Home address:		Phone # (home):
Job Classification/Title:		
Department:		Division:
Work Schedule (days and hours):		
SPA staff <input type="checkbox"/>	EPA faculty <input type="checkbox"/>	EPA administrator <input type="checkbox"/>
ECU student <input type="checkbox"/>	Other <input type="checkbox"/> Please indicate	

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.

2. How does the limitation(s) described above affect your job?

3. What is your recommended accommodation? Please suggest additional alternatives.

I agree to provide any further information or documentation as may be needed to evaluate my request, and I authorize a release of my medical information.

Signature _____ Date _____