

SECTION 504/ADA REQUEST FOR ACCOMMODATION

In accordance with the Americans with Disabilities Act, the University considers requests from employees with disabilities for accommodations to permit them to perform the essential functions of their positions. To begin this process, you will need (a) to complete this form and submit it to Human Resources, and (b) to have your treating medical provider submit information explaining your condition and any resulting restrictions on your ability to perform the duties of your job. When the University has received your Request for Accommodation form and your medical information, the University will schedule a Section 504/ADA Conference with you and others with relevant information to address your request for accommodation.

Personal Information

Name: _____
Address: _____
Phone: _____
Position: _____
Supervisor: _____

Medical Information

(check) I have asked my treating medical provider to send documentation supporting my need for accommodation and its medical cause to:

Butler University
4600 Sunset Avenue
Indianapolis, IN 46208
Attn: Human Resources, JH-037, Tammy Pressler

Accommodation Requested

The purpose of this process is to determine if there are reasonable accommodations that will permit you to perform the essential functions of your position. What accommodation(s) do you think would permit you to perform the functions of your job?

Employee Signature

Date



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