



University of Vermont

Office of Accessibility Services

Employee Reasonable Accommodation Request Form

****TO BE COMPLETED BY EMPLOYEE****

Employee Information

Name: _____

Date: _____

Employee #: _____

Preferred phone: _____

Email: _____

Work address: _____

Position Information

☐ Administrative

☐ Faculty

☐ Classified

☐ Bargaining Unit

☐ Other: _____

Department: _____

Position Title: _____

Supervisor's Name and Title: _____

Supervisor's phone: _____

Supervisor's email: _____

Current work status (i.e., F/T, P/T, returning to work, etc.): _____

Disability Information

Please describe how your disability impacts you:

What limitation is interfering with your ability to perform your job or access an employment benefit?



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Indicate disability type:

☐ Attention Deficit
Hyperactivity Disorder

☐ Autism Spectrum

☐ Blind/Low Vision

☐ Chronic Health

☐ Cognitive

☐ Deaf/Hard of Hearing

☐ Learning Disability

☐ Mobility/Physical

☐ Psychological

☐ Temporary Injury/
Condition

☐ Traumatic Brain Injury

☐ Other: _____

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What specific accommodation are you requesting?

Please provide any additional information that might be helpful in reviewing your accommodation request:

Please submit completed form to: University of Vermont | Office of Accessibility Services | A170
Living/Learning Burlington, VT 05405 | Phone: (802) 656-7753 | Email: access@uvm.edu