

AMERICANS WITH DISABILITIES ACT OFFICE
University of Delaware
413 Academy Street
Newark, Delaware 19716
(302) 831-4643

ADA OFFICE EMPLOYEE INTAKE FORM

Name: _____ DOB: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cellular Phone: _____

E-mail: _____ Work Address: _____

Work Phone: _____ Department: _____

Job Title: _____ Job Description: _____

Description of the disability/disabilities for which you are requesting job accommodations: _____

Medication usage and side effects:

Request for job adjustments (Accommodations)

Reasonable accommodations: These are determined based upon an individual analysis in an interactive process. A covered disability, under the ADA, is substantially limiting on a major life activity and the accommodations are necessary for equal access. Accommodations must not alter the essential elements of the position and are not provided for personal use or gain.

Please list the accommodations you are requesting.

The ADA Office communicates with supervisors and managers, who need to know the nature of the disability and if accommodations are necessary. It is the responsibility of the ADA Office, the supervisor, and you to implement these accommodations. It is expected that you advocate for yourself with the assistance of the ADA Office and your supervisor notify the ADA Office if accommodations are not effective or if you don't require them anymore for equal access.

I authorize the ADA Office to provide information to my supervisor(s).

Yes: _____ No: _____

Signature: _____ Date: _____