THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Reasonable Accommodation Request Form under the Americans with Disabilities Act Amendments Act (ADAAA)

Please provide the requested information. Use additional pages or provide documentation as needed. All requests for reasonable accommodations will be processed confidentially in accordance with applicable law. As the employer, Southern Miss is ultimately responsible for determining reasonable accommodations by reviewing all pertinent information and employee needs on a case-by-case basis.

Once your request is reviewed, you will be notified by the Office of Affirmative Action/Equal Employment Opportunity in a reasonable time. You may be contacted for additional information after submitting this form.

Name: _____

Employee ID#: _____

Job Title: _____

Department:_____

A. Questions to document the reason for the accommodation request.

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

What, if any, employment benefits are you having difficulty assessing?

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

What is the expected duration of your disability or limitation, if known?

B. Questions to clarify accommodation request.

Has your healthcare provider requested or suggested a specific accommodation? If so, please describe the accommodation or attach supporting documentation.

What specific job accommodation are you requesting, if known?

If you are requesting a specific accommodation(s), how will that accommodation assist you in performing your job?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

Have you had any accommodations in the past for this same limitation? Yes ☐ No ☐

If *yes*, what were they and how effective were they?

Is your accommodation request time sensitive?

If yes, please explain.

C. Health Care Provider Information

Please provide the name of your health care provider(s) who can assist with your accommodation request. This information may be used to verify your disability; however, the health care provider will not be contacted without your permission.

Name:

Address:

Phone #:

Specialty:

D. Other Information

Please provide any additional information that might be useful in processing your accommodation request:

_____ _____

Employee's Signature Date

Return this form to:

The University of Southern Mississippi
University Human Resources
McLemore Hall (MCL) 301
118 College Dr. #5111
Hattiesburg, MS 39406
Phone: 601.266.6289
Fax: 601.266.4541
Benefits@usm.edu