# **Employee Disability Accommodation Request Form**Stony Brook University Shield

The Office of Equity and Access provides accommodation for employees with disabilities (staff, faculty, and student employees) and applicants for employment. Employees should contact the ADA Specialist for Stony Brook University, Stony Brook University Hospital, HSC, and the LISVH at 631-632-6280, or email oea\_ada@stonybrook.edu for more information.

Once submitted, the ADA Specialist will contact you to schedule a consultation, upon receipt of this form.

## **Employee Information:**

|  |  |
| --- | --- |
| **Name**: | **SBUID**: |
| **Title**: |  |
| **Department**: | **Supervisor**: |
| **Work Address**: |
| **Location**: | **Preferred Contact Number**: |
| **Email Address**: |
| **Are you currently on short term disability?**  |

## **Impairment Information:** *(Please note that documentation from a medical provider(s) may be necessary. Please reach out to the ADA Specialist with any questions related to Medical Documentation) Please leave blank any sections of this form that are not necessary to document the underlying disability or the recommended accommodation.*

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| **What, if any, job function do you have trouble performing?** |
| **What, if any, employment benefit(s) do you have difficulty accessing?** |
| **What limitation is interfering with your ability to perform your job or access an employment benefit?** |
| **Have you had any accommodations in the past for this limitation?** |
| **If yes, what was the accommodation(s), and how effective were they?** |

## **Accommodation Information**

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| **Please indicate the specific accommodation requested:** |
| **If you are requesting a specific accommodation, how will that accommodation assist you?** |
| **If you are not sure what accommodation might be needed, do you have any suggestions?** |
| **Please indicate the anticipated duration of the accommodation.** |
| **If your request is time-sensitive, please indicate here:** |

## **Other** (*Please provide any additional information that might be useful for processing your accommodation request*):

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### **Employee Signature**

|  |  |
| --- | --- |
| Signature: | Date: |

## **TO BE COMPLETED BY OEA STAFF MEMBER**

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| --- | --- | --- | --- |
|  | Approved |  | Not Approved |

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#### Please send the completed form to:

Natalie Mertens

ADA Specialist

Office of Equity and Access (OEA)

 Phone: (631) 632-6280 | Fax: (631) 632-9428

oea\_ada@stonybrook.edu