



# Employee Request for Accommodation of a Disability

*Faculty, Staff and Student-Employees*

Name \_\_\_\_\_  
*Last First MI*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ PSU ID \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Disability \_\_\_\_\_

Accommodation(s) Requested \_\_\_\_\_

*By signing this form I grant permission for information concerning my disability to be released to Pittsburg State University, Institutional Equity Office. All documentation of disability information is treated as confidential material.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Eligibility Requirements.** In order to qualify for the employee must present written evidence from a qualified professional verifying their disability to the Director of Institutional Equity. All documentation received is confidential and will be kept in the Director's office. The federal definition is as follows:

A person with a disability:

1. has a mental or physical impairment which substantially limits one or more of such person's major life activities;
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

"**Major life activities**" includes functions such as caring for one's self, performing manual tasks, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. It also includes "the operation of major bodily functions" such as functions of the bowel system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

PITTSBURG STATE UNIVERSITY  
**DOCUMENTATION OF DISABILITY FOR EMPLOYEES**

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**FOR PROFESSIONAL QUALIFIED TO MAKE DIAGNOSIS:** The above employee has requested that you complete the following information or provide a written report that addresses all the areas listed to verify their disability. To ensure the provision of reasonable and appropriate services for employees with disabilities who are requesting services, they are required to provide current and comprehensive documentation of their disability. Any information you can provide that offers recommendations for necessary and appropriate auxiliary aids or services, or other accommodation is necessary.

**\*Note:** The Genetic Nondiscrimination Act of 2008 (*GINA*) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of an individual, except as specifically allowed by this law. "Genetic information," as defined by *GINA*, includes an individual's family medical history, the results of an individual's or family member's genetic tests, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any genetic information when responding to this request for accommodation form.

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**Diagnosis** \_\_\_\_\_

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**Date of Diagnosis** \_\_\_\_\_ **Duration of disability** Permanent  Temporary

If temporary, how long? \_\_\_\_\_

**Activity limitations** (check all that apply) Attention  Hearing  Reading  Vision  Walking  Writing

Other \_\_\_\_\_

**Extent of Limitations** \_\_\_\_\_

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**Suggestions of possible accommodation(s)** \_\_\_\_\_

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Please use additional pages to document all of the person's disabilities in the same manner as above. It is important we have all the person's disabilities documented so we can provide appropriate services.

**Professional's Name (Print)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return the completed form to:**

**Cindy Johnson, Director  
Office of Institutional Equity  
218 Russ Hall  
Pittsburg State University  
1701 S. Broadway  
Pittsburg, KS 66762  
Fax: 620-235-4190 | Phone: 620-235-4189 | equity@pittstate.edu**