

**UIC  
EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION  
BASED ON MEDICAL CONDITION**

*For the UIC Employment Accommodation Policy see:  
[http://www.uic.edu/depts/oea/accomempol\\_pag\\_new.doc](http://www.uic.edu/depts/oea/accomempol_pag_new.doc)*

By considering this request or granting the requested accommodation, UIC is not considering or regarding the employee as having a disability as defined by the Americans with Disabilities Act, or a handicap as defined by the Illinois Human Rights Act.

**SECTION I:** (to be completed by employee)

1. Employee name: \_\_\_\_\_

2. Address and phone number at which you would like to be contacted:  
\_\_\_\_\_

3. Job title/classification: \_\_\_\_\_

4. Supervisor's name, department, and contact information:  
\_\_\_\_\_

5. Describe your condition and accommodation requested (attach request if additional space needed)

My condition is as follows and prevents me from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Verification of medical condition; check the applicable box:

- a.** I believe my medical condition is observable and has an apparent relation to accommodation requested.
- b.** My medical condition has been verified prior to this request, by University Health Service or the Office of Disability Services for UIC students (attach documentation if available).
- c.** I understand that I will need to verify my medical condition with University Health Service (Section III).

7. Submitted for review to (check applicable box and provide name if indicated):

- a. Supervisor (named in item 4 above)
- b. Department head, unit director, or other dept. representative  
Name: \_\_\_\_\_
- c. Campus Human Resources representative Name: \_\_\_\_\_
- d. Office for Access and Equity

8. Employee Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

**SECTION II: Essential Functions of Job**

Reviewer (named in Item 7 above) should obtain a description of the responsibilities and methods essential to satisfactory performance of this employee's job. Attach job description, if available.

**SECTION III: Verification of Medical Condition**

- Employee has observable medical condition related to accommodation requested or has had medical condition verified with University Health Service or Disability Services prior to this request (see employee's response to Item 6 in Section I).

*If the above statement is not applicable, or the relationship between the observable medical condition and accommodation requested is not clear, the employee must be sent to University Health Service for verification of medical condition*

**(to be completed by Health Service in consultation with OAE)**

- Employee's documentation requires that an accommodation be considered.
- Employee's documentation supports an accommodation only on a discretionary basis.
- Employee's documentation does not support request for accommodation.
- Independent evaluation recommended with report to be submitted to Health Service.

Name/signature of UHS representative: \_\_\_\_\_ Date: \_\_\_\_\_

➤Return to reviewer named in item 7 (in section I) above.

**SECTION IV: Preliminary Decision**

(If applicable; skip to Section V if request submitted directly to OAE).

(to be completed by reviewer named in Item 7, Section I, if supervisor, department/unit representative, or Human Resources representative)

Name of reviewer: \_\_\_\_\_

Date reviewer met with employee: \_\_\_\_\_

Preliminary Decision:

- Honor/resolve\*
- Request denied.

\*Note any modifications to requested accommodation:

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➤ *Forward to Office for Access and Equity, 717 Marshfield Building, (M/C 602)*

**SECTION V: Final Decision**

After review of the preliminary decision or initial request, OAE adopts or makes the Final Decision to:

- Honor/resolve request\*
- Request denied.

\*Note any modifications to accommodation requested:

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Name/signature of OAE representative: \_\_\_\_\_ Date: \_\_\_\_\_

➤ Notification to Employee of final decision and ability to appeal through campus grievance procedures sent on (date) \_\_\_\_\_