



**ADA Reasonable Accommodation Request Form for Employees**

Stockton University provides reasonable accommodations to qualified employees with disabilities. In general, it is the employee’s responsibility to inform the supervisor of a need for a disability-related accommodation to perform the essential functions of the job held. Reasonable accommodations are determined, identified and implemented through an interactive process, a collaborative process involving the employee, supervisor, and the Office of Human Resources.

An employee’s disability is documented by the medical provider. Medical provider documentation of an employee’s disability must be sent to the Office of Human Resources. All medical documentation will be kept confidential.

Contents of this request are confidential and will only be shared as needed with the appropriate individuals for purposes of reasonable accommodation. Please note that while your supervisor will be involved in the interactive process, your medical condition and medical documentation will not be shared or provided to your supervisor.

This form will not be placed in your personnel file.

To initiate your request for accommodation, complete this form and the [Medical Provider Release Form](#) and send each form to the Office of Human Resources by email to [Bart.Musitano@stockton.edu](mailto:Bart.Musitano@stockton.edu), by fax to 609-626-5573, or by mail to J-115, 101 Vera King Farris Drive, Galloway NJ 08205.

Today’s Date: \_\_\_\_\_ Stockton Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Provide best number to reach you)*

Campus Work Location: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

**EMPLOYMENT POSITION**

Current position: \_\_\_\_\_  
*(Provide a copy of your current functional job description if you have it.)*

Please describe the essential function(s) of your current position impacted by your medical condition.  
*(Use additional paper if needed)*

**INFORMATION ABOUT YOUR ACCOMMODATION REQUEST**

1. What is the medical diagnosis for which you are requesting the accommodation?
2. Does your condition limit any major life activity? If so, please explain which life activity/activities is/are affected.
3. Is your condition temporary or permanent (chronic)? If temporary, please indicate the duration of the condition.
4. Please list the accommodation(s) you are requesting.
5. If the requested accommodation(s) you listed cannot be provided in question 4, what other accommodation(s) might be responsive to your request?
6. How long do you anticipate the need for the requested accommodation?
7. Explain how the requested accommodation will enable you to perform the essential functions of your job.

**ADDITIONAL INFORMATION**

Are you currently on Short-Term Disability?	Yes	No
Have you been approved for FMLA?	Yes	No
Have you been approved for a work modification by the Office of Human Resources?	Yes	No

Have you previously requested an accommodation at Stockton?                      Yes                      No

If "Yes," is it the same condition or impairment that you are currently requesting an accommodation for?

If "Yes," approximately when was the request made? \_\_\_\_\_

I acknowledge that I am requesting an accommodation for a documented medical condition that substantially limits my ability to perform the essential function(s) of my current position. I agree to fully cooperate with the Office of Human Resources in responding to my request, including providing the appropriate medical documentation. I understand that I may not be provided with the specific accommodation that I have requested; however, I understand that good faith efforts will be made in the decision process. I verify that the above information is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_