



## Request for Disability Accommodation

Employee Name

Employee Title

Employee Department

Employee Work Phone Number

Employee Work Email Address

Supervisor's Name

Supervisor's Phone Number

Supervisor's Email Address

Please identify the physical or mental impairment that substantially limits a major life activity for which you are requesting a reasonable workplace accommodation.

Please identify the expected duration of your disability.

Please explain how your condition listed above affect(s) your ability to perform the essential duties of your job at WPI. Be specific as to the job duties you are or will have difficulty performing due to your condition.



## Request for Disability Accommodation

List the workplace accommodation(s) you are requesting to perform your essential job functions.

Please add any comments you feel may be helpful in considering your request.

I give Worcester Polytechnic Institute (WPI) permission to explore eligibility and reasonable accommodation(s) under the Americans with Disabilities Act and the ADA Amendments Act, the Pregnant Workers Fairness Act of 2017, and applicable Massachusetts and federal laws. I understand that I am responsible for providing supporting medical documentation from my health care provider(s), including but not limited to WPI's Health Care Provider Form which permits WPI's Division of Talent & Inclusion to consult with my health care provider(s) as necessary to verify my disability, to seek clarification regarding any limitations resulting from my condition(s), and to assist in the exploration of possible reasonable accommodations.

Signature of Employee

Date