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Wichita State University is an Americans with Disabilities Act (ADA)/ADA Amendment Act (ADAAA)/Equal Employment Opportunity (EEO) Employer. The University will provide a reasonable accommodation for the known limitations of a qualified applicant or employee with a disability, unless no accommodation exists that would eliminate a direct threat the limitation poses to the health or safety of the person or other persons. The employee must initiate this request for an accommodation through an interactive process following the below steps. **The information will be treated confidentially and maintained separately from personnel files in accordance with all federal ADA requirements.**

**WORKPLACE ACCOMMODATION REQUEST PROCESS QUICK STEPS:**

- 1) **Employee:** Complete this ER form and submit it to Human Resources (campus box 15 or email to: [totalrewards@wichita.edu](mailto:totalrewards@wichita.edu)).
- 2) **HR:** Review, determine if additional documentation is needed and discuss the next steps in the interactive process with the Employee, if needed.
- 3) **Employee:** Ongoing discussions with supervisor, if needed, to identify how adjustments/updates/additional accommodations are going and if there are any needed changes or updates to the accommodation.
- 4) All completed documentation will be filed in the employees' confidential medical file within the Human Resources Office.

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**EMPLOYEE INFORMATION:**

Employee's Name and myWSU ID: \_\_\_\_\_ Employee Phone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_  
Department: \_\_\_\_\_ Date: \_\_\_\_\_

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Do you have a qualifying disability that substantially limits one or more of the major life activities or functions? Major life activities may include, but not limited to: Lifting, sleeping, concentrating, breathing, working, eating, walking, standing, reaching, thinking, reading, bending, hearing, seeing, speaking, learning, sitting, and caring for self.

Yes  No

Does the disability affect your ability to perform the essential functions of the job?

Yes  No

Have you applied for FMLA for the same disability or condition?

Yes No

What, if any, job function are you having difficulty performing?

What, if anything, are you having difficulty accessing as a result of your disability?

What workplace barrier or limitation is interfering with your ability to perform your job or allowing you access?

Do you have any suggestions about accommodations we can consider or explore?

Have you had any accommodations in the past for this same limitation?

Yes                  No

If yes, provide details

EMPLOYEE CERTIFICATION

- I attest that the information I am submitting in support of this request is complete and accurate to the best of my knowledge and belief.
- I attest that I am requesting this accommodation for my disability.
- I understand that additional information may be required to assist in the processing of this application and agree to provide reasonable information or documentation, as may be requested.
- I understand that providing false or misleading information on this form may result in corrective action.

Employee's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_