

### **Requesting a Reasonable Accommodation**

In accordance with the Americans with Disabilities Act of 1990 (“ADA”), the Pennsylvania Human Relations Act, and Indiana University of Pennsylvania University (IUP) policies and practices, Indiana University of PA is prohibited from discriminating in employment against qualified individuals with disabilities on the basis of disability. It is the policy of IUP to provide reasonable accommodations in compliance with federal and state law.

A reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things are usually done that enables a qualified individual with a disability to enjoy an equal employment opportunity. An equal employment opportunity means an opportunity to attain the same level of performance or to enjoy equal benefits and privileges of employment as are available to an average similarly-situated employee without a disability. The ADA requires reasonable accommodation to ensure equal opportunity in the application process, to enable a qualified individual with a disability to perform the essential functions of a job, and to enable an employee with a disability to enjoy equal benefits and privileges of employment.

It is the responsibility of individual applicants and employees to disclose a disability or medical condition and request an accommodation. It is also the responsibility of individual employees to

**Reasonable Accommodation Request Form**

*This form must be completed by an employee requesting reasonable accommodation(s) under the American with Disabilities Act of 1990 (“ADA”), Pennsylvania Human Resources Act, and IUP policies. Completed forms are to be returned to the Office of Human Resources, Attn:*

Anna Shively, SHRM-CP, PHR  
Assistant Director of Human Resources  
[ashively@iup.edu](mailto:ashively@iup.edu)  
(Phone) 724-357-4875  
(Fax) 724-357-2685

1. NAME	2. DATE OF REQUEST
3. JOB/POSITION TITLE	



**Release of Medical Information Statement**

I, \_\_\_\_\_, understand that I am giving permission to Indiana University of Pennsylvania Office of Human Resources to contact the following individual(s) for purposes of requesting documentation/information regarding my disability including the diagnosis and limitations associated with that diagnosis. I understand that this permission will remain in effect from the day I sign this document until I revoke permission in writing or am no longer affiliated with Indiana University of Pennsylvania.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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I understand that communication with the above-named individual(s) will not include personal disclosures that do not pertain to my identified disability(ies). I understand thatt notte -

**Medical Certification Form**

Note: The information sought on this form pertains only to the condition for which the employee is requesting accommodation under the Americans with Disabilities Act ("ADA").

**To be completed by Employee**

For reasonable accommodation under the ADA, an

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