

UNIVERSITY OF SOUTH FLORIDA

Americans with Disabilities Act (ADA)
Request for Reasonable Accommodation

Instructions: To request an accommodation, submit this completed form and other required documentation to Human Resources/Employee Relations (SVC 2172, 813-974-2970). See the ADA-related definitions below for additional information.

_____ Name (Type or Print)	_____ Signature	_____ Date
_____ Class Title	_____ College/Division	_____ Department
_____ USF Address/Phone No.	_____ Supervisor's Name	_____ Supervisor's USF Phone No.

ADA-Related Definitions

Major life activities - those activities that an average person in the general population can perform with little or no difficulty, such as caring for oneself, performing manual tasks, walking, hearing, seeing, speaking, breathing, learning, working, sitting, standing, lifting, reaching, thinking, concentrating, reading, and performing numeric calculations.

Physical or mental impairment

- Physical impairment - any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine.
- Mental impairment - any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Reasonable accommodation - any change in the work environment or in the way things are usually done that results in equal employment opportunity for an individual with a disability. An accommodation is not considered reasonable if it imposes an undue hardship on the employer.

Substantially limits - an individual must be unable to perform, or be significantly limited in the ability to perform, an activity compared to an average person in the general population.

Undue hardship - an action that is excessively costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the business.

Accommodation Requested

Describe in as much detail as possible the accommodation(s) you are requesting. If time sensitive, please explain. Attach additional page, if necessary.

Reason for Request

Attach information from your health care practitioner (medical doctor, psychiatrist, licensed psychologist, etc.), including a diagnosis of your disability, to substantiate that you have a physical or mental impairment that substantially limits one or more major life activities.

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