

EMPLOYEE'S REQUEST FOR ACCOMMODATION

SECTION 504 CONFERENCE REPORT

Employee: _____ Date of Conference: _____

Position: _____ Supervisor: _____

Considering the employee's impairment and job duties

1. What are the duties of the employee's current job?

2. Describe specifically the employee's physical or mental impairment.

3. What does the medical documentation say about how the impairment affects the employee's performance of the essential functions or duties of his/her job? What restrictions, if any, has the medical provider imposed on the employee's performance of his/her job duties?

4. What else does the employee say about how the impairment affects his/her ability to perform essential job duties or functions?



Possible Accommodation

Comments



Accommodations

9. What, if any, reasonable accommodation will the University provide? (The University can agree to provide a reasonable accommodation either because accommodation is required by law or because accommodation serves its institutional objectives.)
10. When will the accommodation end or be reviewed in a follow-up conference?
11. If this process could not be completed because of insufficient information or documentation, what is needed, who has responsibility for getting it, and when will the Committee reconvene?

I agree to the accommodations set out above, if any.

I agree that this accurately reports the discussion and conclusions of the conference.

Employee

Date

Employee's Comments: _____

