## University of Kentucky ADA Request for Reasonable Accommodations

Employee Name:		Position:	
Employee ID No:		Department:	
W	ork Phone Number:	Other Phone Number:	
Immediate Supervisor:		Supervisor's Phone Num	ber
1.	Identify your disability o	or physical or mental impairment(s) or limitation(s)	<b>)</b> :
2.	Explain how your disabil	lity impairs or limits your ability to perform assigne	ed job duties:
3.	Expected duration of the	e disability:	
4.	What specific accommo	dation(s) are you requesting?	
5.		nmodations in the past for this same limitation? If ation(s) help you perform your job?	yes, what were they and
6.	Please provide any addit request.	tional information that might be useful in processi	ng your accommodation
 Sig	gnature		