

Drake University Human Resources 2507 University Avenue Des Moines, IA 50311-4505 515-271-3133 Fax: 515-271-4546

Email: drakehr@drake.edu http://www.drake.edu/hr/

Employee Disability Accommodation Request Form

Purpose: Consistent with the Americans with Disabilities Act (ADA), Iowa Civil Rights Act (ICRC), and

Empl	oyee Signature: Date:
	If <u>yes</u> , please include information or documentation to verify (1) the service animal is required because of a disability, and (2) the work or tasks which the animal has been trained to perform. (Deterring crime or providing emotional support, well-being, comfort, or companionship are not approved uses for a Service Animal under current federal regulations.)
4)	Are you requesting use of a Service Animal? Yes No
3)	Please describe the accommodations you believe are needed to enable you to perform the essential functions of your position:
2)	Please describe any limitations resulting from your condition that interfere with your ability to perform the essential functions of your position:
th hi	Note: Please do not provide any genetic information in response to this question, consistent with e Genetic Information Nondiscrimination Act. "Genetic information" includes your family medical story, the results of your or your family member's genetic tests, the fact that you or your family ember sought or received genetic services, and genetic information of a fetus or embryo.
	accommodation (Please note that it is not necessary to provide a specific medical diagnosis):
1)	Please describe the physical or mental impairment/condition for which you are requesting an

Any questions regarding the reasonable accommodation policy or process should be directed to Human Resources, 2507 University Avenue, Des Moines, IA 50311-4505, Phone: 515-271-3133. Please also visit the University's Human Resources Website: http://www.drake.edu/hr/