

Employee Disability Accommodation Request

The **Disability Accommodation Request (DAR)** must be used when an employee seeks a [workplace accommodation](#) due to a documented disability. To make a request for accommodation, an employee must:

- Complete this DAR form and return it to his or her supervisor
- Also complete Section 1 of the Documentation of Disability form (separate form) and have the physician or care provider complete Section 2. Then submit both forms to **Duane Reitz, Human Resource Services 3680 Beardshear, Ames, IA 50011**. Or via facsimile at 515-294-7530. Questions may also be directed to Duane Reitz at 294-7083 or [dreitz@iastate.edu](mailto:dreiz@iastate.edu).
- Provide a copy of the employee's job description to the physician or care provider. The employee's supervisor or Duane Reitz, Human Resource Services, can assist the employee.

The **DAR** and [Documentation of Disability](#) forms are necessary to initiate a request for accommodation—available online at: <http://www.hrs.iastate.edu/AAO/eod/reasonaccom.shtml>. If, after receiving all of the documentation, ISU concludes the employee is eligible the department will consider what reasonable accommodations are possible under the circumstances. When a department is able, it may consult with Human Resource Services Employee Relations Office to job make modifications to assist an employee even if the condition is not a disability. Making such modifications does not mean the employee is considered disabled.

Section 1: Contact Information

Employee Name: _____

Telephone: _____ Email: _____

Job Title: _____ College/Division: _____

Department: _____ Supervisor: _____

Work Schedule (days/hours; full-time; part-time): _____

Work location: _____

Section 2: Accommodation Request

A. Indicate the physical or mental limitations and expected duration of limitations. Please note that it is not necessary to indicate a specific medical diagnosis. (attach additional pages if necessary.)

B. Explain how the limitations affect the ability to successfully complete your job at ISU.

C. Specifically describe the accommodations you are proposing.

Employee's Signature: _____ Date: _____