UW-MADISON DISABILITY ACCOMMODATION REQUEST FORM **CONFIDENTIAL**

Employee Instructions:

- **Complete Section I only**
- Print and sign form
- Make a copy for your records
- Send Original form to your DDR* in a "Confidential" envelope

*To identify your DDR (Divisional Disability Representative), go to www.oed.wisc.edu/divisional-disability-representative.htm and scroll down to your division or contact the Office for Equity and Diversity at 263-2378.

Section I: Employee (Complete Section I only. Submit entire form to DDR.)				
Division, School or College	1.	Employing Unit		2.
Position Title	3.	Date of Request		4.
FOR INFORMAL REQUESTS, GO TO 9. BEI	LOW			
Name	5.	Signature		6.
7. My disability is (e.g., visual impairment, art	thritis):	,		
8. My disability impairs my ability to perform assig	gned job duties i	n the following way (attach additi	onal pages if necessary):	
9. The reasonable accommodation I am reques	sting is (attach	additional pages if necessary):		
Section II: Employer (Refer to campu	s "Disability	Accommodation Policy.'	')	
10. Accommodation Request Decision:	Ap	proved Modified	Denied	
11. (If modified or denied, attach a description	n of the modific	cation and provide rationale fo	r modification or denial.)	
Name of person making decision	12.	Cost of Accommodation	Estimate: Actual:	13.
Signature	14.	Date		15.

After decision, DDR will distribute as follows:

Signature

Original – Office for Equity and Diversity, Copy 1 – Employee, Copy 2 - Division Confidential file. DDR will notify supervisor of accommodations(s) to be provided.