



630.907.5000 . 1500 SULLIVAN ROAD, AURORA, IL 60506-1000 . IMSA.EDU

ADA Reasonable Accommodation Request Form

Employee's Name: _____

Job title: _____

Department: _____

Supervisor's name: _____

Phone: _____

Email: _____

Please identify and/or describe your physical/mental impairment(s) for which you are requesting an accommodation:

Please describe how the disability/condition(s) listed above affects your ability to perform the essential functions of your job:

Please list the reasonable accommodation(s) you are requesting in order to perform your essential functions of your job:

Will the needed accommodation(s) be needed on a permanent or temporary basis? If only temporary, please provide the anticipated dates the accommodation(s) will be needed:

☐ Permanent/On-Going

☐ Temporary Anticipated dates: _____

Provide the name, address, telephone and fax numbers of your health care provider that is completing your Medical Information Request Form:

Please attach your completed Medical Information Request Form to your ADA Reasonable Accommodation Request Form.

By signing and submitting this form, I give the Illinois Mathematics and Science Academy permission to explore employment related reasonable accommodations. I understand that all information obtained from medical examinations and inquiries will be job-related and consistent with business necessity and will be maintained and used in accordance with the Americans with Disabilities Amendments Act of 2008 (ADAA), and all applicable State and Federal laws, or under the provisions of any similar and appropriate sections of succeeding ADAA laws. The ADAA provides that ADA related medical files must be kept separate and apart from the location of personnel files, and that access is limited to those personnel involved in the implementation of workplace accommodations. By considering this request, IMSA does not consider or regard the person as having a disability as defined by the Americans with Disabilities Act, the Illinois Human Rights Act, or any other applicable law. I further authorize the release of information regarding my disability to the Illinois Mathematics and Science Academy, as deemed necessary by human resources to facilitate this request for accommodation.

Employee Name: _____

Employee signature: _____

Date: _____