



**Morehead State University  
Employee Request for Accommodation under  
the Americans with Disability Act (ADA) Form**

Morehead State University  
ADA Coordinator  
Office of Human Resources  
301 Howell-McDowell Ad. Bldg.  
Morehead, KY 40351

This form is an initial step in processing your request for an accommodation under the Americans with Disabilities Act (ADA). An accommodation is a reasonable modification or adjustment to the work environment that enables a qualified person with a disability to perform the essential functions of a position, or enjoy the same benefits and privileges of employment as are enjoyed by non-disabled employees. In order to determine whether you are eligible for an accommodation under the ADA, the ADA Coordinator will ask for documentation of your medical condition. Having a medical condition alone is not enough to make you eligible for an accommodation. Under the ADA, an individual with a disability is a person with a physical or mental impairment that substantially limits one or more major life activities, such as breathing, eating, sleeping, walking, talking, manual tasks, etc.

The ADA requires that the ADA Coordinator keep medical information confidential. However, the law allows the ADA Coordinator to share information regarding your medical condition with individuals who are considered to have a legitimate need to know this information. These persons can include your supervisor(s), human resources personnel, first aid and safety personnel, personnel investigating compliance with the ADA, and other persons considered to have a legitimate need to know. The law does not prohibit you from voluntarily discussing your condition or medical information with others.

**EMPLOYEE INFORMATION**

Date Requested:	Department:
Employee Name:	Position:
E-Mail Address:	Supervisor:
Phone/Extension:	Supervisor's Phone:

**ACCOMMODATION REQUEST DETAILS**

Please describe the medical condition for which you are requesting an accommodation:

Please explain how the medical condition affects your ability to perform your job:

Please describe the reasonable accommodation you are requesting:

**PLEASE ATTACH OR PROMPTLY PROVIDE DOCUMENTATION FROM AN APPROPRIATE HEALTH CARE PROVIDER DESCRIBING YOUR FUNCTIONAL LIMITATIONS AND SPECIFYING THE MEDICAL CONDITION CAUSING THE FUNCTIONAL LIMITATIONS.**

**Employee Signature:**

#### REQUEST OF INFORMATION

I authorize my medical provider(s) to release information to, and if necessary, speak with the Morehead State University ADA Coordinator about my medical condition for the purpose of determining appropriate job accommodation(s) for my condition.

**Employee Signature:**

Please submit the completed form by e-mail to [c.atkins@moreheadstate.edu](mailto:c.atkins@moreheadstate.edu) by facsimile to (606) 783-5028, or campus mail or in person to:

ADA Coordinator  
Morehead State University  
Office of Human Resources  
301 Howell-McDowell Ad Bldg.  
Morehead, KY 40351-1689

**Mailing Address:**

ADA Coordinator Human  
Resources Morehead State  
University  
Office of Human Resources  
301 Howell-McDowell Ad Bldg.  
Morehead, KY 40351-1689