



EMORY
UNIVERSITY

Accessibility Services

Office of Equity and Inclusion

Employee Accommodation Request Form

Initial Contact Date: _____

Oxford College Emory University Faculty Staff

Emory Healthcare: WW EUH EUHM
 Clinics Center for Rehab. Medicine EUOSH
 St. Joseph's Emory Specialist Associates Other: _____

Biographical Information

Name: _____ Employee ID#: _____
Last First MI

DOB: _____ Gender: _____ Race: _____ Veteran Status: Y N

Marital Status: S M D W SEP DP

Phone: _____ Email Address: _____

Mailing Address: _____
Street City State Zip Code

Work Information

Employment Date: _____ Employee ID#: _____ Job Title: _____

Department: _____ Work Address: _____

Supervisor: _____ Phone #: _____ Email: _____

Type of Accommodation Requested

Chronic Health Physical Learning Psychological

Do you have medical documentation from a Health Care Provider? Yes (please attach) No

Briefly describe the accommodation being requested:

HIPAA/MEDICAL RELEASE AND AUTHORIZATION

I, _____, hereby authorize Emory University's Office of Accessibility Services to contact the medical provider on the Medical Inquiry Form to request and obtain all medical information for the purpose of exploring coverage and reasonable accommodations under the Americans with Disabilities Act Amendments Act of 2008 (ADAAA).

Employee Signature

Date

RETURN FORM TO:

Associate Director, Faculty and Staff with Disabilities
Emory University
Office of Accessibility Services
1946 Starvine Way, Suite 310
Decatur, Georgia 30033
404-727-9877 (Office)
404-727-1126 (Facsimile)
Email: oas_employee@emory.edu