

Employee Request (ER) Form

Revised: 0 6/20 11

Wichita State University is committed to providing a reasonable accommodation for the known limitations of a qualified applicant or employee. The University will provide a reasonable accommodation unless doing so would cause undue hardship to the University. The University will not provide a reasonable accommodation if the employee is not qualified for the position or if the accommodation would pose a direct threat to the health or safety of the employee or others.

1. Complete this ER form and submit it to Human Resources (campus box 15 or email to: totalrewards@wichita.edu)

2. Review, determine if additional documentation is needed and discuss the next steps in the process with the Employee, if needed.
3. Ongoing discussions with supervisor, if needed, to identify how adjustments/updates/additional accommodations are going and if there are any needed changes or updates to the accommodation.
- 4) All completed documentation will be filed in the employees' confidential medical file within the Human Resources Office.

DW>Kz /E &KZD d/KEW

Employee's Name and my WSU ID _____ Employee Phone: _____

Supervisor Name _____ Supervisor Phone: _____

Department: _____ Date: _____

Do you have a condition that may affect your ability to perform the essential functions of the position?

Yes No

Do you have a condition that may affect your ability to perform the essential functions of the position?

Employee Request (ER) Form

Revised: 0 5/202 1

What workplace barrier or limitation is interfering with your ability to perform your job or ~~all~~ your access?

Do you have any suggestions about accommodations we can consider or explore?

Have you h.8000755 706. (d)1200.48 0.48 re f 3052 Tw vperformrm .ils Td [(o)-9.864 (u)]TJ 1030074004B005A h