

**This request form must be completed by the employee and returned to the Associate Vice President for Human Resources. Additional pages may be attached, if needed. Failure to complete and return this request form and any needed medical documentation may lead to a delay or denial of the requested accommodation.**

<b>Name</b> (please print)		<b>Date of Request</b>	
<b>Job Title</b>		<b>Email</b>	
<b>Department/Division</b>		<b>Supervisor's Name</b>	

1. What accommodation(s) are you requesting? Include the length of time the accommodations will be needed, if known.

2. Describe your physical or mental impairment(s) related to the accommodation requested above.

3. How do/does the impairment(s) interfere with your ability to complete your essential job duties or participate in other privileges of employment?

4. How will the requested accommodation(s) assist you to complete your essential job duties?

5. Medical certification\* (check one):

The disability and need for a reasonable accommodation are obvious and no medical documentation is needed. Please explain:

I have attached or will submit the **Medical Certification for Accommodation Request Form** as completed by my Healthcare Provider who is treating me for the impairment(s) stated on this form to Human Resources.

*\*Mercer University reserves the right to request additional documentation if more information is needed to appropriately assess your condition, functional limitations and/or request for reasonable accommodation.*

**Employee Signature**

I certify that the statements made above are true and accurate to the best of my knowledge. I understand that knowingly submitting false information or failure to provide any required documentation may result in my accommodation request being denied and/or disciplinary action.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Return completed form to:**

Candace Whaley  
Associate Vice President for  
Human Resources  
Mercer University  
Email: [whaley\\_ce@mercer.edu](mailto:whaley_ce@mercer.edu)

1501 Mercer University Drive  
Macon, GA 31207  
Phone: 478-301-5121  
Fax: 478-301-2790

**Confidentiality**

Information related to this request will be treated as confidential. All medical documents will be maintained separately from personnel records and kept confidential in accordance with the ADA. Should an accommodation be approved, (a) the Dean, Chairperson, Director or immediate level supervisor/manager may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and necessary accommodations, (b) first aid and safety personnel may be informed, to the extent appropriate, and (c) government officials engaged in enforcing laws such as those administered of the Office of Federal Contract Compliance Programs or the Americans with Disabilities Act may be informed.