



BOSTON UNIVERSITY ACCOMMODATION REQUEST FORM

In accordance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Boston University provides reasonable accommodations to qualified individuals with disabilities to enable them to perform the essential functions of their positions. Any employee with a disability is welcome to request reasonable accommodation(s).

You may make a request for reasonable accommodation to your supervisor, and/or to the Director of Equal Opportunity in the Equal Opportunity Office, whichever you feel is most appropriate. In the event that you make a request to your supervisor, the request will be forwarded to and reviewed with the Director of Equal Opportunity. If you make the request directly to the Director of Equal Opportunity, the request will be discussed with your supervisor to the degree necessary to properly evaluate the request and to implement any accommodation provided. You may request that the Director of Equal Opportunity not disclose the nature of the disability to your supervisor. Whether, or to what degree, such a request can be honored will depend upon what information must be provided to your supervisor to allow him or her to assist in the decision regarding appropriate accommodations.

To begin the accommodation request process, please provide the information requested below, and submit this form to your supervisor (non-faculty employees), your department chairman or dean (faculty employees), or to the Equal Opportunity Office. You may also contact the Director of Equal Opportunity in the Equal Opportunity Office to discuss your request, either before or after submitting the form.

When you make a request for reasonable accommodation, you may be required to provide additional information from a medical provider documenting your condition, any limitations related to the condition, and the need for the accommodation requested. If such documentation is needed, your supervisor or the Director of Equal Opportunity will request it from you during the process of evaluating your accommodation request. It is not necessary to provide the medical documentation when you submit this Accommodation Request Form. If you are provided with an accommodation, you may also be required to provide updated medical information at a later date.

Your request for a reasonable accommodation, and any information submitted in support of or related to the request, will be kept confidential, except that it will be shared with those University officials who are involved in evaluating and/or implementing the request.

Any questions regarding the reasonable accommodation policy or process should be directed to Kim Randall, Director of Equal Opportunity, Equal Opportunity Office, 25 Buick Street, (617) 353-9286.

FOR ADDITIONAL INFORMATION AND INSTRUCTIONS, PLEASE VISIT THE [REASONABLE ACCOMMODATION SECTION OF THE EQUAL OPPORTUNITY WEB SITE.](#)

TO BE COMPLETED BY THE EMPLOYEE:

Name:

Date:

Department:

Position:

Campus Address:

Telephone #:

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

Please describe any limitations resulting from your condition that interfere with your ability to perform the functions of your position:

Please describe the accommodations you believe are needed to enable you to perform the essential functions of your position:

TO BE COMPLETED BY THE DIRECTOR OF EQUAL OPPORTUNITY:

Date request received by Equal Opportunity Office:

Action taken:

Date employee informed of action: