



UW-MADISON CLASSIFIED STAFF  
DISABILITY ACCOMMODATION  
REQUEST FORM  
**CONFIDENTIAL**

(Applies to University Staff effective 7/1/15)

- Complete Section I only
- Print and sign form
- Make a copy for your records
- Send Original form to your DDR\* in a "Confidential" envelope

\*To identify your DDR (Divisional Disability Representative), go to <https://employee disabilities.wisc.edu/divisional-disability-representatives-ddr/> and scroll down to your division or contact the Employee Disability Resource Office at 263-2378.

**Section I: Employee (Complete Section I only. Submit entire form to DDR.)**

Division, School or College	1.	Employing Unit	2.
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Position Title	3.	Date of Request	4.
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**FOR INFORMAL REQUESTS, GO TO 9. BELOW**

Name	5.	Signature	6.
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7. My disability is (e.g., visual impairment, arthritis): \_\_\_\_\_  
\_\_\_\_\_

8. My disability impairs my ability to perform assigned job duties in the following way (attach additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. The reasonable accommodation I am requesting is (attach additional pages if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II: Employer (Refer to campus "Classified Staff Disability Accommodation Policy.")**

10. Accommodation Request Decision:  Approved  Modified  Denied

11. (If modified or denied, attach a description of the modification and provide rationale for modification or denial.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person making decision	12.	Cost of Accommodation	Estimate <input type="checkbox"/>	13.
Signature	14.	Date	Actual <input type="checkbox"/>	15.

After decision, DDR will distribute as follows:

**Original** – Employee Disability Resources Office, **Copy 1** – Employee, **Copy 2** - Division **Confidential** file, **Copy 3** – OSER/DAA. (Employee Identification Blinded.) DDR will notify supervisor of accommodations(s) to be provided.