



Employee Accommodation Request Intake Form

The **Office of Accessibility Resources and Services (OARS)** is committed to providing reasonable accommodations in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and relevant state and federal laws. An individual with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

This form is to be used by any NJIT employee (staff, administration, or faculty) who would like to request a disability accommodation. Information provided to OARS will be maintained in confidence and divulged only to the extent necessary. Medical records are confidential and maintained in OARS. Medical records pertaining to this accommodation request **should not** be submitted to your department or supervisor and are not maintained in departmental files. For additional information or questions regarding the accommodations process, please contact employee_accommodations@njit.edu.

Please note that as part of the accommodation process, additional materials may be requested. This may include, but is not limited to, official documentation from provider(s) or confirmation of the requested accommodation(s). OARS will follow up directly with the employee to support the implementation and coordination of approved accommodations.

Please complete the information below as accurately as possible. Please note that all communication in regards to the accommodation request will be sent to your NJIT Email Account.

Employee Details

Name: NJIT UCID/ID #:

Status: NJIT Office/College:

- Staff
- Faculty
- Administration

Supervisor's Name: Department:

Title : Extension:

Accommodation(s) Details

Please indicate the timeframe for the accommodation:

- Temporary
- Permanent
- Special Circumstances

If you selected Temporary or Special Circumstances, please specify and include expected duration:

Nature of the Qualifying Disability:

Please describe the nature, extent and duration of the disability.

Job-Related Limitations

Please explain how your disability/ medical condition affects your ability to perform your job duties and responsibilities:

Requested/Suggesting Accomodation(s):

Please describe the accommodations believed to be needed to enable you to perform the essential functions of your position at NJIT. Please note that requested accommodations are subject to review and approval through the interactive process and are not guaranteed.

To support the review of your request, please include a copy of your current job description as provided by HR with your accommodation application. If you do not have a copy available, please contact compensation@njit.edu to request one.

Employee's Signature

Date

Please return this form and supporting documentation to employee_accommodations@njit.edu.

Office of Accessibility Resources and Services (OARS)
Kupfrian Hall Room 201 / Fenster Hall Room 173
973- 596- 8222

FOR OFFICIAL USE ONLY (OARS)

OARS Representative:

Date received:

Processed by:

Date medical documentation received:

Date Accommodations Determination letter sent to employee:

Date Interactive Accommodation process initiated :