



Employee Accommodation Request Form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Personal Pronouns: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Disability diagnosis/condition: \_\_\_\_\_

Accommodations requested:

\_\_\_\_\_

I will require assistance in the event of an emergency (please describe): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*I understand that submission of this form does not guarantee the accommodation(s) requested. I agree to work with the Director of Accommodation Services to determine appropriate and reasonable accommodation(s) for my employment at UMMS. I grant permission to the Director of Accommodation Services to discuss my disability with my medical provider, if needed.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

University of Massachusetts Chan Medical School  
Katrina Durham, Director of Accommodation Services  
55 Lake Avenue North Worcester, MA 01655  
Telephone: 774-455-4804 [katrina.durham@umassmed.edu](mailto:katrina.durham@umassmed.edu)



## Guidelines for Medical Documentation

These guidelines are designed to assist your medical provider in preparing documentation of your disability in order to help determine the appropriate accommodation. Please forward documentation that meets these guidelines to the Director of Accommodation Services, Katrina Durham, M.S.

- Documentation must be provided by a clinician qualified to diagnose in the appropriate area of specialization.
- Documentation must be on letterhead, typed, dated, signed, and otherwise legible.
- Documentation is based on a current evaluation (usually within three months).
- Documentation must include:
  1. Clear support of the claimed disability with relevant medical and other history.
  2. A description of the functional limitations resulting from the disability.
  3. A description of current treatments and assistive devices and technologies with estimated effectiveness in ameliorating the impact of the disability.
  4. Clear support of the direct link to and need for the requested accommodation(s).