Iowa State University

Employee Disability Accommodation Request

The **Disability Accommodation Request (DAR)** must be used when an employee seeks a workplace accommodation due to a documented disability. To make a request for accommodation, an employee must:

- Complete this DAR form and return it to University Human Resources or Accommodations Coordinator
- Also complete Section 1 of the Documentation of Disability form (separate form) and have the physician or care provider complete Section 2. Then submit both forms to ***University Human Resources, 1218 Madden Building, 2221 Wanda Daley Drive, Ames, IA 50011***, via facsimile at ***515-294-1702,*** or emailed to ***UHRDAR@iastate.edu***. Questions may be directed to ***515-294-3753***.
- Provide a copy of the employee's job description to the physician or care provider. The employee's supervisor or University Human Resources Employee & Labor Relations can assist the employee.

The **DAR** and Documentation of Disability forms are necessary to initiate a request for accommodation —available online at: https://www.hr.iastate.edu/tools-for-employees/workplace-accommodations. If, after receiving all of the documentation, ISU concludes the employee is eligible, the Leave and Accommodations Coordinator will make a final decision on behalf of the university.
The DAR process covers accommodations made for an employee's health condition, including pregnancy.

Section 1: Contact Information

Employee Name:_____

Job Title: _____ Supervisor: _____

Department/College/Division: _____

Regular Work Schedule:_____

Work location/State: _____

Contact Information during leave, if applicable:_____

Section 2: Accommodation Request

Service Animal Requests require the employee to provide documentation or demonstrate the need for the service animal, vaccination records for the service animal, and certification that the service animal not disrupt the workplace. If applicable to your situation, please attach the supporting documentation to this request.

Please answer the following to the best of your ability (Attach additional pages if necessary):

A. Indicate the physical or mental limitations and expected duration of limitations. Please note that it is not necessary to indicate a specific medical diagnosis. Consistent with the Genetic Information Nondiscrimination Act, family medical history, genetic information, or genetic services history should not be provided.

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B. Explain how the limitations affect your ability to successfully complete your job at ISU.

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C. Describe the accommodations you are proposing.

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Employee's Signature: _____ Date:_____