Reset Form

UNIVERSITY OF South Carolina

Americans with Disabilities Act (ADA) Accommodation Request Form

The University of South Carolina is committed to equal opportunity in all aspects of employment for qualified individuals with disabilities. The purpose of this form is to assist the university in determining whether, or to what extent, a reasonable accommodation is necessary for an employee with a disability under the Americans with Disabilities Act (ADA), as amended. A reasonable accommodation is an accommodation that is medically necessary to enable the employee to perform the essential functions of their position and does not create an undue hardship on the institution.

Employees who are requesting reasonable accommodations must complete and submit this request form, along with a letter from their appropriate health care provider to their department HR Contact or the Division of Human Resources' Employee Relations Office at uscer@mailbox.sc.edu. The information you provide will be kept confidential in a manner that is consistent with state and federal law. Please note that supervisors and managers may be informed of any approved accommodations that you need. As required, health and safety personnel may be informed if your health condition requires emergency treatment, and government officials involved in the university's compliance with applicable laws concerning individuals with disabilities may also be informed. For questions or assistance in completing this form, please contact Employee Relations at 803- 777-0435. For more information on requesting workplace accommodations, please visit the Division of Human Resources website.

Employee Information	
Employee Name:	Employee ID#:
Employee Job Title:	Employee Dept:
Home Phone #:	Cell Phone #:
Employee Address:	
Employee Email Address:	
Supervisor's Name:	Supervisor's Email:
Accommodation Timeframe	
This is a (choose one): ☐ New request for accommodations ☐ Request for an extension or alteration of existing accommodations. Accommodation(s) being requested:	
Anticipated Beginning Date of Accommodations:	Anticipated End Date of Accommodations:

Employee Signature _____ **Date** _____

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