Northeastern University is committed to equal opportunity in all aspects of employment for qualified disabled individuals. The purpose of this form is to assist in determining whether, or to what extent, a reasonable accommodation is necessary for an individual with a disability to be considered for a job, to gain access to the workplace, to access benefits and privileges of employment or to perform one or more essential functions of his or her job.

Check list: Please complete the following

☐ Via employee self-service file your “Self-Identification of Disability,” [http://myneu.neu.edu/](http://myneu.neu.edu/) or you may follow the path:

*myNEU > Service and Links > Employee Self Service > Personal Information > Disability Status*

☐ Accommodation Request Form

In order to fully evaluate your request for accommodation your “self-identification” and this form must be completed and submitted to Human Resource Management.

Northeastern University
ADA, Human Resource Management
716 Columbus Avenue, Suite 250
Boston, MA 02120
Fax: 617-373-7610
Email: hrm_ada@northeastern.edu

Employee Information:

Name: ____________________________ Position/Title: ____________________________
Department/Unit: ____________________________
Employment Status: ☐ FT ☐ PT ☐ Temporary ☐ Faculty ☐ Staff
Phone # (Work): ____________________________ Email Address: ____________________________
Phone # (Home/Cell): ____________________________
Mailing Address: ____________________________

Supervisor: ____________________________ Phone #: ____________________________
Work Schedule/Shift: ____________________________
Medical Condition Information:

1. Please indicate the nature of your disability:
   - [ ] Visual Impairment
   - [ ] Hearing Impairment
   - [ ] Mobility Impairment
   - [ ] Respiratory Impairment
   - [ ] Speech Impairment
   - [ ] Nervous System/Neurological Disorder
   - [ ] Mental/Psychological Impairment
   - [ ] Learning Disability
   - [ ] Other (Please Describe)

2. Is your medical condition:
   - [ ] Temporary (If so, how long is it expected to last?)
   - [ ] Permanent
   - [ ] Recurring (if so, how long is it expected to last?)

3. Please briefly describe any limitations or restrictions caused by your medical condition:

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

4. Please list any accommodation(s) or service(s) related to your medical condition that would help you be considered for a job, to gain access to the workplace, to access benefits and privileges of employment, or to perform the essential functions of your current job:

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

5. Are you currently receiving any accommodation(s)? If so, please describe the accommodation(s).

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
Note: Accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. To qualify for an accommodation, the employee must have a current medical condition that substantially limits a major life activity. Also, the accommodation must be necessary and reasonable to enable the employee to perform the essential functions of his/her job. A diagnosis, in and of itself, does not automatically qualify an employee for an accommodation.