



Request for Accommodation Based on Disability

This request form will not be placed in your employment record file. Contents of this request are confidential and will not be shared by any staff member of Medical Leaves Administration except as needed to consider the implementation of a reasonable accommodation.

Employee Information

Date: _____ SS# or Employee ID# _____

Name: _____ Title: _____

Home Address: _____

Campus Address: _____

Campus Telephone: _____ Email: _____

Immediate Supervisor: _____ Campus Telephone: _____

Human Resources Representative: _____

Please note that while your supervisor will be involved in the accommodation process, information about your disability, including medical documentation, will not be shared, unless authorized by you.

Union or Collective Bargaining Unit member? [] No [] Yes If yes, which one? _____

Brief description of your responsibilities:

How would you prefer to be contacted? [] Email [] Work Phone [] Home Phone Phone Number: _____

Accommodation Request Information

What is the disability for which you are requesting the accommodation? _____

Please explain aspect(s) of your employment responsibilities that are impacted by your disability:

What specific accommodation(s) do you request? _____

What other accommodations might be responsive to your request?

How long do you anticipate the need for an accommodation? _____

Please check the appropriate box:

Have you requested a disability accommodation through this office or any other office before? No Yes

If yes, is it the same disability that you are currently requesting an accommodation for? No Yes

If yes, approximately when was the request made? _____

Please provide us with all/any medical documentation you have to support your request. It is also helpful if you include the [Medical Verification Form](#) available at <https://hr.cornell.edu/hr-policies/all-faculty-and-staff>. If you feel the Medical Verification Form is not applicable in your situation, please contact Medical Leaves Administration for further guidance.

Please Note: Medical Leaves Administration will need to obtain medical documentation regarding your disability. In some cases we may need to discuss the nature of your disability and accommodation with your physician or attending professional to address your request of an accommodation. If necessary, the office can also request an independent medical evaluation of the case.

This is to acknowledge that I am requesting a reasonable accommodation based on a disability. I agree to fully cooperate with Medical Leaves Administration in responding to my request, including providing medical documentation as requested. I understand that I may not be provided with the specific accommodation that I have requested; however, I understand that good faith efforts will be made to provide an accommodation that is reasonable and responsive to my disability. I verify that the above information is complete and accurate to the best of my knowledge.

Signature: _____

Date: _____



DIVERSITY INCLUDES DISABILITY

Cornell University is committed to diversity and inclusiveness with the goal of providing an accessible, usable and welcoming environment for Cornell community members with disabilities. Learn more about initiatives, resources and our strategic plan for disability access at accessibility.cornell.edu. Find out about our [Disability Colleague Network Group](#), which provides education, mentorship and support to faculty and staff with disabilities.

Name _____ NetID _____ Date _____

SELF-IDENTIFICATION OF DISABILITY

Cornell University is a federal contractor, receiving well more than one hundred million dollars in federal research grants. Therefore, Cornell is subject to the federal laws and regulations governing affirmative action in the workplace. The Office of Federal Contractor Compliance Programs (OFCCP) has set an aspirational goal of 7% of individuals self-identifying as having a disability.

Since you are requesting a reasonable accommodation based on a qualified disability, we ask that you please consider voluntarily self-identifying as an individual with a disability. By self-identifying, you help Cornell more accurately determine the diversity of our workforce and ensure individuals with disabilities are supported and represented throughout the institution. **Your information will remain confidential and will be used only for Cornell's affirmative action program.** Please select one of the following options:

- Option 1:** Submit the [online self-identification questionnaire](https://apps.hr.cornell.edu/employee/disability.cfm) (<https://apps.hr.cornell.edu/employee/disability.cfm>). Cornell NetID login is required.
- Option 2:** Complete and return the attached form with your disability accommodation request.

REQUEST FOR MANAGER/SUPERVISOR EDUCATION

At Cornell, we strive to develop excellent supervisors who are responsive to and can effectively manage individuals from all backgrounds and experiences. Supervisors are guided by the [leadership skills for success](#).

Would you like us to provide your supervisor with specific information, educational materials and best practices regarding working with and supervising individuals with disabilities similar to yours? This may help your supervisor to be better informed and may assist your supervisor in being a better manager. Providing this information may disclose your disability to your supervisor.

- YES**, please provide my supervisor with educational information and best practices specific to my disability.
- NO**, please do not contact my supervisor.

If you have any questions or concerns, please contact:

[Department of Inclusion and Workforce Diversity](#)
150 Day Hall - owdi@cornell.edu - 607-255-3976



VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305
 OMB Control Number 1250-0005
 Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DO NOT HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date