



Employee ADA Accommodations Request Intake Form

This form is intended for employees of Cornell University who are seeking workplace accommodations under the Americans with Disabilities Act (ADA) and Cornell University Policy 6.13: "[Accommodations for Faculty and Staff](#)."

The Cornell Office of Civil Rights (COCR) will guide you through the interactive process as defined by Policy 6.13. This may include reviewing relevant medical documentation, communicating with your healthcare provider (with your permission), or requesting an independent medical evaluation if needed.

Please note that your supervisor and Human Resources representative may be involved in this process. COCR will also request a copy of your current job description from your local HR office to better understand your role.

Section 1: Employee Information

1. Full Name: _____
2. Pronouns: _____
3. Employee ID #: _____
4. Email Address/ NetID: _____

5. Do you need an interpreter or translator? ☐ Yes ☐ No
 - If yes, please specify the language or type of support needed:

6. Employee Type: ☐ Faculty ☐ Staff
7. Are you a member of a union or collective bargaining unit? ☐ Yes ☐ No
 - If yes, what is the name of the union or unit:

Section 2: Accommodation Preferences (Optional) Preferred Accommodation

You may use this section to share any information about your accommodation preferences. Completing this section is optional and will be discussed further during your meeting with the COCR.

1. Are there aspects of your job that are currently affected by your condition or limitation?



2. Are there specific changes or supports that would help you perform your job more comfortably or effectively?

3. How does your condition influence your ability to carry out your job responsibilities?

4. Are there particular tasks, environments, or times of day that present more difficulty than others?

5. What types of accommodations or adjustments would help you feel more supported in your role?



Section 3: Treating Provider Information

Please provide information about the current healthcare provider(s) who is treating the condition for which you are requesting accommodations.

1. Provider's Full Name: _____
2. Medical Specialty or Practice Type:

3. Practice Name: _____
4. Phone Number: _____
5. Fax Number: _____

Section 4: Authorization and Submission Instructions

By signing below, you acknowledge the following:

- The information provided is accurate to the best of your knowledge.
- You authorize COCR to communicate with your treating healthcare provider(s) as needed.
- You understand that medical documentation may be requested.
- You agree to participate in the interactive process to explore reasonable accommodations.
- You understand that the university may suggest alternative accommodations that meet your needs.

Signature: : _____

Date: : _____

Submission Instructions

Please submit your completed form using one of the following secure methods:

- Email: accommodations@cornell.edu
- Fax: (607) 255-2242
- Secure File Transfer: Contact COCR via email for instructions.

If you have questions or need assistance, please reach out to COCR:

- Email: accommodations@cornell.edu
- Phone: (607) 255-2242

Please Note: Submitting this form is the first step in the interactive process to explore possible workplace accommodations. Each request is reviewed on an individual basis. While accommodations are not guaranteed, the COCR team is here to work collaboratively with you to find reasonable solutions that support your success at work.

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.