



Applicant ADA Accommodation Request

This form is to be completed by applicants/candidates requesting ADA accommodation, if you are a current UToledo employee please [click](#) here to request a workplace accommodation.

Full Name*	
Email address*	
Phone Number*	
Title/Job applying to*	
Department*	
Campus*	<input type="checkbox"/> Main Campus <input type="checkbox"/> Hospital/Health Science Campus <input type="checkbox"/> Other
Hiring Manager	
Identify the physical and/or mental impairment(s) that substantially limits one or more daily activities for which you are requesting an accommodation and include the date of diagnosis. *	
Expected duration of the impairment(s)?	
Explain what barriers you experience that are associated with the impairment(s) listed above as it relates to performing the essential functions of the position. Or state anticipated barriers that you foresee, which would impact performing job duties. Be as specific as possible in your description of functional limitations associated with your medical condition(s). *	

List the accommodations(s) you are requesting in order to perform the essential job functions. *	
Add any comments you feel may be helpful in our considerations of your request.	
Medical verification of the impairment(s):	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached^
^Explanation for above question	
Attach medical verification document or other supporting documents in email after clicking submit	

[Medical Inquiry and Release Form](#)

Questions or Concerns?

Reach out to HR Compliance at hrcompliance@utoledo.edu or 419-530-4747
 Fax: 419-530-1496