**Disability Accommodation Fund Request Form**

The Disability Accommodation Fund (“DAF”) was established to assist with the cost of providing reasonable workplace accommodations for employees, as required under the Americans with Disabilities Act (“ADA”) of 1990, as amended, Section 504 of the Rehabilitation Act of 1973, and University Policy. If funds are approved, the department will be responsible for the first $500.00 of the cost of the accommodation and the Disability Accommodation Fund will cover the remaining cost up to a maximum of $3,000 per person per fiscal year. Purchases made through the fund are property of the University of Virginia’s Office for Equal Opportunity and Civil Rights.

The determination of what accommodation is reasonable is fact specific and involves an interactive process in which the employee’s supervisor, Employee Relations, and the employee identify the impact of the disability on the employee’s ability to perform essential job functions and explore effective reasonable accommodations necessary for the employee to perform essential job functions. See the [Procedures for Employees with Disabilities to Request Workplace Accommodations](http://eocr.virginia.edu/procedures-employees-disabilities-request-workplace-accommodations).

Departments must review the University’s Procurement & Supplier Diversity Services [Buying and Paying webpage](http://www.procurement.virginia.edu/pagebuypay) and adhere to the [Guidelines for Competition](http://www.procurement.virginia.edu/pageguidelinesforcomp) when buying from outside vendors. To be considered for funds, please provide all quotes to confirm that the department has completed the competition process. In addition, this form must be completed in its entirety and approved by the applicable department head and forwarded to the ADA Coordinator for review. Approval is contingent upon available funds, which can be terminated or denied at the University ADA Coordinator’s discretion. These funds are intended to provide individual workplace accommodations. Personnel costs, personal need items, i.e., eye glasses, contact lenses, and mobility aids, and UVA building modifications associated with an employee request for an accommodation are exempt from this fund.

If you have questions, please contact the University ADA Coordinator at (434) 924-3295 or at adacoordinator@virginia.edu. Please return the completed form to the Office for Equal Opportunity and Civil Rights at P.O. Box 400219, Charlottesville, VA 22904 or scan/email the form to adacoordinator@virginia.edu.

Name of the person completing this form:

Name of the employee requesting an accommodation:

Please check any/all boxes that apply to the employee requesting accommodations:

[ ]  Faculty

[ ]  Staff

[ ]  Graduate/Teaching Assistant

[ ]  Student Employee

[ ]  Temp

[ ]  Other

Below, please provide the following information for the employee requesting an accommodation:

Computing I.D.:

Agency:

[ ]  Academic Division – 206

[ ]  UVA Health – 207

Department Requesting Funding:

Supervisor and/or Administrator of Department:

Employee Relations Consultant, Name and Phone Number:

Please provide a description of the good/service needed for the accommodation and all quotes that will be sent to Procurement as outlined in the University’s [Guidelines for Competition](http://www.procurement.virginia.edu/pageguidelinesforcomp). Please do not provide medical information or information regarding diagnosis.

Proposed location of good or service, building and room number:

Please check one of the following:

[ ]  At least three different accommodations/services were priced and the lowest priced accommodation was selected.

[ ]  At least three different accommodations/services were priced and the lowest priced accommodation was not selected.

[ ]  Fewer than three different accommodation providers are available for assessing the price of the accommodation.

Total Disability Accommodation Funding Request:

Department PTAO Information:

The signatures below approve the purchase of the costs listed above and the appropriate costs associated with this purchase for the accommodation(s):

Department Head (Print/Sign Name and Date):
Department’s Fiscal Administrator/Phone Number (Print/Sign Name and Date):
Associate VP for Equal Opportunity and Civil Rights (Print/Sign Name and Date):
University ADA Coordinator (Print/Sign Name and Date):