

## Disability Accommodation Request- Employee Form

The employee must complete sections 1 and 2 of this form. The completed form should be emailed to the Office of Institutional Equity and Title IX at [equity@cornell.edu](mailto:equity@cornell.edu) or sent via [Cornell Secure File Transfer](#) to Equity and Disability Specialist, Nina Drake, at [nmd63@cornell.edu](mailto:nmd63@cornell.edu).

Please provide us with all/any medical documentation you have to support your request. It is also helpful if you include the [Health Care Provider Verification Form](#) available at: <https://hr.cornell.edu/browse-self-service/how-request-disability-accommodation>. If you feel the Health Care Provider Verification Form is not applicable in your situation, please contact OIETIX for further guidance.

### Section 1: Employee Information

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ NetID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Human Resources Representative: \_\_\_\_\_

A list of Human Resources Representatives by college/unit is available here:  
<https://hr.cornell.edu/about-hr/hr-contacts-college-and-unit>).

Are you a Union or Collective Bargaining Unit Member?

- Yes
- No

If yes, which one? \_\_\_\_\_

Please provide a brief description of your job duties:

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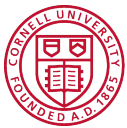
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How would you prefer to be contacted?

- Email
- Phone

Please Note: While your supervisor and human resources representative will be involved in the accommodation process, information about your disability, including medical documentation, will not be shared, unless authorized by you.



**Section 2: Accommodation Request Information**

1. What is the disability for which you are requesting the accommodation? \_\_\_\_\_
2. Please explain the aspect(s) of your employment responsibilities that are impacted by your disability:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What specific accommodation(s) do you request? \_\_\_\_\_  
\_\_\_\_\_
4. Are the accommodations requested temporary or permanent? If temporary, how long do you anticipate the need for an accommodation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you requested disability accommodations through this office or any other office at Cornell before?  
 Yes  
 No

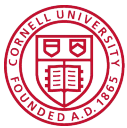
If yes, is it the same disability that you are currently requesting accommodation for? \_\_\_\_\_  
\_\_\_\_\_

If yes, approximately when was the request made? \_\_\_\_\_  
\_\_\_\_\_

Please Note: OIETIX 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 accommodation. If necessary, the office can also request an independent medical evaluation of the case.

By signing below, I acknowledge that I am requesting a reasonable accommodation based on a disability. I agree to fully cooperate with the Office of Institutional Equity and Title IX 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: \_\_\_\_\_



## 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 submit the online self-identification questionnaire available at <https://apps.hr.cornell.edu/employee/disability.cfm>. Cornell NetID login is required.

## 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](https://accessibility.cornell.edu). Find out about our [Disability Colleague Network Group](#), which provides education, mentorship, and support to faculty and staff with disabilities.