

Disability Self-Disclosure/Accommodation Request

Full legal name _____

Mailing address _____

Preferred Method of Contact _____

Email address _____

Job Title/ Department _____ Supervisor _____

1. Do you have a disability that would affect your ability to perform the essential functions of your job at Kenyon? *Please include documentation from your health care provider of your disability with this form.*

_____ a. Yes

_____ b. No

2. Please describe which essential functions of your job are challenging given your disability?

3. What accommodations are you requesting?

Please return this form & the signed release (appended) to:

Kenyon College

Human Resources

Mary Spence

Assistant Director of Human Resources

Eaton North 152

740 427 5773

spencem@kenyon.edu

I give Kenyon College, including but not limited to Human Resources, the Provost, my manager/supervisor, department head, and others who need to know, permission to explore possible coverage and reasonable accommodations under the Americans with Disabilities Act, as amended. All information obtained by the College during this process will be maintained in a separate confidential file and disclosed on a need-to-know basis.

Employee's Signature

Date