EQUITY & ACCESSIBILITY
VIRGINIA TECH.

Office for Equity and Accessibility
300 Turner Street NW (0150)
North End Center, Suite 2300
Blacksburg, Virginia 24061
P: 540-231-2010 F: 540-231-2990
oea.vt.edu equityandaccess@vt.edu

ADA and Accessibility Services

Accommodation Request Department Referral Form

Employee Information

Name: ______________________

Position: ______________________

Department: ______________________

Phone: ______________________

Work Email: ______________________

Referral Date: ______________________

Your Information

Name: ______________________

Position: ______________________

Department: ______________________

Phone: ______________________

Work Email: ______________________

Referred By: ☐ Supervisor ☐ HR Partner

Position Description: ADA & Accessibility Services will require the most up to date position description for the employee in order to analyze the accommodation request during the interactive process. Please provide the employee's most current position description to our office at adaaccess@vt.edu.

Please provide any additional information which may be helpful in analyzing the accommodation request.

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By signing below, I acknowledge the employee stated above has identified to me a medical concern which may qualify for an ADA accommodation with their workplace. Per University Policy 4075, I am referring the employee to ADA & Accessibility Services. I have notified the employee to contact ADA & Accessibility Services to continue the interactive process. ADA & Accessibility Services will follow up with the employee.

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Employee's Signature

Date: ______________________

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Dept. Rep. Signature (Submitted by)

Date: ______________________

Note: After making the supervisor or HR partner aware that the employee needs accommodation for a medical reason that might qualify under the ADA, it is the responsibility of the employee to obtain from the medical physician the completed Medical Information Request Form and return to ADA & Accessibility Services within 30 days.

Return completed form to adaaccess@vt.edu or fax to (540) 231-2990.

Supervisors/HR partners with questions regarding ADA workplace accommodations referrals may contact:
Gloria Hartley, ADA Accommodation Specialist @ ghartley@vt.edu or (540) 231-9751

Revised Feb. 2020