

**OFFICE OF DIVERSITY, EQUITY & INCLUSION**  
**AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED –**  
**ACCOMMODATION REQUEST FORM**

The University of Massachusetts, Dartmouth (“UMass Dartmouth”) provides equal employment opportunities to qualified individuals with a disability. The term “qualified individual with a disability” means an individual with a disability who, with or without a reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires. A “reasonable accommodation” is defined as an accommodation that does not pose undue hardship on UMass Dartmouth. “Undue hardship” is a practice, procedure, or financial cost which unreasonably interferes with the business operations at UMass Dartmouth.

- I. The definition of “*disability*” shall be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the Rehabilitation Act of 1973 as amended (“Rehabilitation Act”) and Americans with Disabilities Act of 1990 as amended (“ADA”) and the ADA Amendments Act of 2008. In accordance with the Rehabilitation Act and the ADA, a person with a disability is:
- (A) An individual who has a *physical or mental* impairment that ***substantially limits*** one or more ***major life activities*** of such individual;
  - (B) a ***record*** of such an impairment; or
  - (C) ***regarded as*** having such impairment (as described in (iv) below).
    - (i) “***Substantially limits***” one or more major life activities shall be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADA as amended, the Rehabilitation Act as amended and the ADA Amendments Act of 2008.
    - (ii) “***major life activities***” include, but are not limited to functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. Major life activities also include the operation of major bodily functions, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.
    - (iii) “***record***” of such impairment” means having a history of, or having been misclassified as having a physical or mental impairment. A record of such impairment includes records which predate the relevant law and includes disabilities with which the individual is no longer afflicted.
    - (iv) “***regarded as***” having such an impairment means an individual having such an impairment who establishes that he or she has been

subjected to an action prohibited under the ADA or the Rehabilitation Act because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity. Impairments that are transitory and minor, with an actual or expected duration of six (6) months or less are not applicable under this subsection (iv).

The definition of “*disability*” must be construed in accordance with all of the following:

1. An impairment that substantially limits one major life activity need not limit other major life activities in order to be considered a disability;
2. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active;
3. The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures (*In other words without the improved effects of measures taken to relieve the impairment*) such as:
  - (i) medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies. “Ordinary eyeglasses or contact lenses” means devices that magnify, enhance, or otherwise augment a visual image.
  - (ii) use of assistive technology;
  - (iii) reasonable accommodations or auxiliary aids or services; or
  - (iv) learned behavioral or adaptive neurological modifications.

To request a reasonable accommodation at UMass Dartmouth, complete this form and press “Submit Form.” Your request will be e-mailed directly to the Office of Diversity, Equity & Inclusion. A meeting will be scheduled to discuss appropriate next steps. As an alternative, you may print out, sign, date and return the PDF version of this form to:

The Office of Diversity, Equity & Inclusion  
Foster Administration Building, Room 324  
Phone: 508-999-8008  
Fax: 508-999-9201

**CONFIDENTIAL ADA ACCOMMODATION REQUEST FORM**

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

Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Home or Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please specify the disability you have for which you are requesting accommodation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What accommodation are you requesting at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long do you believe you will need this accommodation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a physician's (or other appropriate health care provider) letter verifying your disability, explaining in detail the recommended accommodation and how the recommended accommodation is necessary based on your disability. This documentation should be typed or printed on letterhead, dated, signed and legible with the name, title and professional credentials of the evaluator or medical provider.

The ADA Coordinator will review your request, and you will be contacted to discuss your requested accommodation.

The above information is complete and accurate to the best of my knowledge and belief. This information will be maintained confidentially to the extent practicable under the circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date