

University of Arkansas System – Cammack Campus

ADA Disability Accommodations – Employment

I. Policy Statement

- A. The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity for persons with disabilities in employment. It is the policy of the University of Arkansas System—Cammack Campus (University) to provide equal access and opportunity to qualified persons with disabilities in compliance with Section 503 and 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act (ADA) of 1990; and the ADA Amendments Act (ADAAA) of 2008. The University prohibits discrimination based on disability in all aspects of the application process and employment relationship.
- B. An applicant or employee may request a reasonable accommodation by following the ADA process outlined below. To be entitled to receive accommodations, the applicant or employee must be a qualified individual with a disability under the ADA.

II. Scope of Application

- A. This policy applies to all applicants seeking employment with the University and University employees.
- B. This policy and process concerning ADA disability accommodations are coordinated by Benefits & Risk Management Services. Contact information is as follows:

Carol Waddle, EEO Coordinator
University of Arkansas System Administration Building
2404 N. University Ave.
Little Rock, Arkansas
(501) 451 - 2458
CWaddle@uasys.edu

III. Definitions

- A. “Applicant” is defined as any individual pursuing employment with the University by submitting appropriate application materials for a specific, vacant position.
- B. “Disability” is defined as one having a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.
- C. “Essential job functions” refer to job activities that are determined by the employer to be essential or core to performing the job. The term does not include marginal functions of the position.

- D. “Interactive Process” is defined as a collaboration and communication between the employer (University officials) and employee to explore, discuss and determine the appropriate reasonable accommodation(s), if any. The employer and employee are expected to engage in the interactive process in a good faith manner.
- E. “Major life activities” is defined to include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
- F. “Qualified individual with a disability” is a person who meets legitimate skill, experience, education, or other requirements of an employment position that s/he holds or seeks, and who can perform the essential functions of the position with or without reasonable accommodation.
- G. “Reasonable Accommodation” is defined as modification, exception or a change to how things are customarily done in a position, practice, policy or the work environment that enables a qualified person with a disability an opportunity to be considered for a position, perform the essential functions of a position, or enjoy the same benefits and privileges of employment as are enjoyed by similarly situated applicants or employees without disabilities. The University’s obligation under the ADA is to provide a reasonable accommodation for a disability, not necessarily the individual’s preferred accommodation.
- H. “Substantially limits” as defined in the context of employment means that the individual is restricted in the ability to perform either a class of jobs or a broad range of jobs in various classes as compared to the average person having comparable training, skills, and abilities.
- I. “Undue hardship” is defined as an action requiring significant difficulty or expense when considered in light of a number of factors, such as the nature and cost of the accommodation needed; the effect or impact of the accommodation upon the unit or department and its operation; the University’s size, financial resources, and the nature of its structure or operation. Undue hardship also refers to an accommodation that is unduly extensive, substantial, or disruptive, or one that would fundamentally alter the nature of the position. Undue hardship is determined on a case-by-case basis.

IV. Confidentiality

- A. Medical information obtained in connection with a request for reasonable accommodation shall be maintained by the EEO Coordinator in files separate from the individual’s personnel file. Such information should be restricted to a need-to-know basis. The EEO Coordinator may share certain information with a supervisor or other University official(s) as necessary to make appropriate determinations on a reasonable

accommodation request. Employees receiving such information in connection with the reasonable accommodation process must keep the information confidential.

- B. The fact that a reasonable accommodation has been requested or approved and information about a functional limitation is also confidential.
- C. Applicants and employees are not required nor encouraged to disclose medical information or information about an impairment(s) to the supervisor.

V. **ADA Request & Process**

A. Request Process:

- i. Applicants: An applicant requesting a reasonable accommodation in the application/selection process should submit a Disability Accommodation Request Form to the EEO Coordinator. The form should be submitted prior to the posting closing date and as a soon as possible prior to the interview to allow enough time to process the request. The applicant may or may not need to submit medical documentation to determine if the applicant is an individual with a disability or to assist in determining an effective accommodation. Steps B through D will be followed, as necessary.

If the request is made to someone with responsibility for the hiring process, that person should refer the applicant to the EEO Coordinator.

- ii. Employees: An employee seeking a reasonable accommodation for a disability should submit the Disability Accommodation Request and the Medical Statement Forms to the EEO Coordinator. The Medical Statement Form will be required, unless the disability/impairment is obvious or visible and the request corresponds with the disability. An employee should provide the employee's doctor with a copy of a current job description to assist with completion of the Medical Statement Form. Employees may consult with the EEO Coordinator as to whether the Medical Statement Form is required for their request. <https://policies.uark.edu/fayetteville-policies/oec/2031.php>

If an employee notifies a supervisor of a need for a reasonable accommodation¹ for a disability, the supervisor should inform the employee that the University has established procedures for determining reasonable accommodations on a case-by-case basis and refer the employee to the EEO Coordinator. Questions regarding an employee's medical condition should be left to the University's EEO Coordinator.

- B. Assessment of Disability: The EEO Coordinator will determine whether the employee has a Disability by evaluating medical information received as necessary to make that

¹ The employee does not need to use the words, "reasonable accommodation," but may simply state that s/he needs an adjustment, modification, assistance or change at work due to a medical condition/impairment; or in the application process due to the nature of his/her disability

determination. The EEO Coordinator will determine if additional information is needed to determine if the individual has a Disability as defined by the ADA or to assist in determining an effective reasonable accommodation.

In the event the EEO Coordinator determines it is appropriate to obtain an independent medical opinion concerning the impairment for which the accommodation is sought, the University will bear the cost of the independent medical evaluation. Failure to cooperate in obtaining an independent medical evaluation may result in cancellation of the request for accommodation.

- C. Interactive Process: Once the employee submits the required documentation to the EEO Coordinator, the EEO Coordinator will facilitate the interactive process with the employee and the appropriate supervisor(s), as appropriate.
- D. Documentation: The employee and supervisor will sign the EEO Accommodation Request Form and return it to the EEO Coordinator, and the EEO Coordinator will work with the supervisor regarding the implementation of the accommodation. In the event that a requested accommodation is not approved, the EEO Coordinator will document the basis for the determination in consultation with the supervisor.
- E. Evaluation: A supervisor or employee can request to revisit an approved accommodation for possible adjustments at any time by contacting the EEO Coordinator.
- F. Timing: An employee may request a reasonable accommodation at any time during their employment at the University. The University will make every reasonable effort to ensure that the request for a reasonable accommodation is processed in a timely and efficient manner.

VI. Records

- A. Primary documentation pertaining to the reasonable accommodation request for applicants seeking employment and employees will be kept with the Benefits & Risk Services. The confidentiality of this information—including but not limited to its storage in a file separate from the individual's personnel file—shall be maintained by the EEO Coordinator.

VII. Training

All first-time supervisors or newly hired supervisors or persons with supervisory authority are expected to participate in training concerning ADA accommodations within the first three months of beginning employment and will receive a copy of this policy at that time. Supervisors or persons with supervisory authority are expected to receive refresher training at least every three years.

VIII. Discrimination, Harassment, or Retaliation

- A. The University policy prohibits any form of retaliation against persons who have an actual or perceived disability or to an employee who has requested or received an accommodation or aids another in getting an accommodation.
- B. Any employee or applicant who believes that he or she has been harassed, discriminated against, or retaliated against on the basis of a disability, due to an accommodation request, due to their opposition to any act or practice made unlawful by the ADA, or because such employee or applicant made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this policy should contact the Benefits & Risk Management Services.
- C. Any supervisor or person with supervisory authority, manager, or other administrator who receives a written or oral report of discrimination, harassment, or retaliation on the basis of a disability, due to an accommodation request, due to an individual's opposition to any act or practice made unlawful by the ADA, or because an individual made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this policy shall promptly notify Benefits & Risk Management Services.

IX. Limitations

- A. Nothing in this policy shall be construed as creating rights or obligations in excess of any requirements of applicable law and regulations.
- B. Any questions regarding interpretation of this policy and procedures can be referred to Benefits & Risk Management Services.

February 6, 2026

UNIVERSITY OF ARKANSAS SYSTEM—CAMMACK CAMPUS

**Americans with Disability Act (ADA)
ADA Accommodation Request Form**

Date of Request:

Name of Employee Requesting Accommodation:

Mailing Address:

Phone Number:

Job Title: Department:

Name of Supervisor/Department Head:

Reason for the Request – Please describe how your disability limits your ability to perform your job.

Type of Accommodation Requested – Please specify the accommodation you are requesting (e.g., assistive equipment, facility modifications, flexible schedule, etc.)

Signature

Employee

Date

NOTE TO UNIVERSITY SUPERVISORS/DEPARTMENT HEAD: To ensure that all requests for reasonable accommodation(s) are given full consideration, supervisors may not grant or deny an accommodation without further review by university officials charged with ensuring compliance with the Americans with Disabilities Act. Please contact the EEO Coordinator at (501) 451 - 2458.

To be completed by the Department Head/Supervisors:

- Concurrence with the accommodation(s) requested by the employee
- Department suggestions for accommodation(s), please explain:

Final Resolution

I accept the accommodations(s) identified above and offered to me by the university and agree that they are reasonable accommodations that I feel will assist me in performing the essential functions of my job.

Signatures

Employee

Supervisor

Confidentiality: All documents related to this request will be kept confidential. Supervisors or individuals should not keep any copies of such documentation within department or offices.

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Reasonable Accommodation Medical Statement Form

Section 1: For Completion by the EMPLOYEE	
Name:	D.O.B.:
Job Title:	Department:
I authorize my medical provider(s) to complete this form for the purpose of exploring coverage and reasonable accommodation(s) under the University of Arkansas System’s Policy on ADA Disability Accommodations. I understand that this information may be provided to other appropriate parties to assist in determining appropriate accommodation(s). If non-university resources are determined to be appropriate, I understand that I will be notified and provide approval prior to information being shared.	
Employee Signature:	Date:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member, or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Section 2: For Completion by the HEALTHCARE PROVIDER		
The individual named above is my patient. The information provided herein is based upon my knowledge of the patient’s physical and/or mental impairment(s).		
Physician Name:		
Specialization/Type of Practice:		
Phone Number:	Fax Number:	
Business Address:		
City:	State:	Zip:
Physician Signature:	Date:	
Your patient is an employee of the University of Arkansas System and has requested an accommodation. To assist with the interactive process, we are requesting you provide feedback to the following questions based on your medical expertise. Please answer the questions on this form to help determine if a disability and potential reasonable accommodation(s) exist. To expedite the processing of your patient’s request for an accommodation, please be as complete and specific as possible. Attach additional sheets if more space is needed.		
For a reasonable accommodation under the ADA, an employee has a disability when an impairment that substantially limits one or more major life activities or a record of such impairment. The following questions may help determine whether an employee has a disability.		
When completed, please sign and either return the form to your patient or scan and email to CWaddle@uasys.edu .		
1. Select the type of impairment the employee has: <input type="checkbox"/> physical, <input type="checkbox"/> mental, <input type="checkbox"/> both, or <input type="checkbox"/> the employee doesn’t have an impairment		

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Reasonable Accommodation Medical Statement Form

a. If physical, mental, or both, please state the name of the impairment(s), diagnosis, or medical condition(s), including the ICD Code:

Section 2: For Completion by the HEALTHCARE PROVIDER

2. Is the impairment(s) (diagnosis) or medical condition(s) permanent? Yes No

a. If **not** permanent, how long will the impairment(s) (diagnosis) or medical condition(s) likely last?

# of days	# of weeks	# of months	# of years
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b. Is this a condition(s) which may cause episodic rather than a continuing period of incapacity? Yes No

c. Describe the employee's current symptoms:

d. What are the employee's work limitations and/or restrictions?

e. What is the planned course of treatment (include expected duration)?

f. Is the employee taking medications or treatments that would be expected to affect job performance, or would pose a direct threat or safety risk to the employee or other people (*e.g.*, co-workers, the general public, *etc.*)? Yes No

i. If yes, please explain the threat and any reasonable accommodation that would eliminate or reduce the threat to an acceptable level:

3. Does the condition(s) require periodic visits for treatment by a healthcare provider?
 Yes No

g. Frequency of Visits:

h. Date of most recent Visit:

4. Does the impairment(s) substantially limit a major life activity? Yes No

a. Please describe the major life activities (*e.g.*, breathing, eating, sleeping, walking, talking, manual tasks, *etc.*) that are substantially limited by the impairment(s) (diagnosis) or medical condition(s) or accompanying treatment.

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Reasonable Accommodation Medical Statement Form

<p>5. Please review the attached job description. (If no job description is attached, please discuss the position with the employee to determine essential job duties and typical schedule.) What benefits of employment or essential job function(s) listed in the job description is the employee having trouble performing or accessing because of the limitation(s)?</p>
<p>6. Is the employee able to perform the essential functions in the job description provided with, or without, a reasonable accommodation?</p> <p><input type="checkbox"/> Yes, with a reasonable accommodation.</p> <p><input type="checkbox"/> Yes, without a reasonable accommodation.</p> <p><input type="checkbox"/> No, the employee is unable to perform their essential functions with or without a reasonable accommodation.</p>
<p>a. If no, how long will the employee remain unable to perform their essential job functions?</p> <p style="text-align: center;"># of days # of weeks # of months or <input type="checkbox"/> permanently</p>
<p>7. Do you have any suggestions regarding possible accommodations that would enable the employee to perform their essential job functions or access benefits to employment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If yes, what accommodations or adjustments to the work environment or position responsibilities would enable the employee to perform their essential job functions or access benefits to employment? <i>Please be specific, e.g., weight and time limits for mobility restrictions, functional features for office equipment, etc.</i> (attach addition pages as necessary).</p>
<p>b. If yes, how long will the employee need the accommodation to perform their essential job functions? # of days # of weeks # of months</p> <p>or <input type="checkbox"/> permanently</p>

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Reasonable Accommodation Medical Statement Form

This section is only necessary if the Physician **DID NOT** answer question #4.

Section 3: For Completion by the HEALTHCARE PROVIDER			
Major Life Activities that are Affected			
Organ System Affected	Mild	Moderate	Severe
Immune System			
Respiratory System			
Digestive System			
Endocrine System			
Circulatory System			
Nervous System			
Musculoskeletal			
Urinary System			
Physical Activity Affected	Mild	Moderate	Severe
Sitting			
Standing			
Walking			
Bending Over			
Climbing			
Kneeling			
Caring for Oneself			
Sleeping			
Breathing			
Speaking			
Eating			
Pushing and Pulling			
Lifting or Carrying: 10 lbs. or less			
Lifting or Carrying: 11 to 25 lbs. or less			
Lifting or Carrying: 26 to 50 lbs. or less			
Lifting or Carrying: 51 to 75 lbs. or less			
Lifting or Carrying:			

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over 75 lbs.			
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This section is only necessary if the Physician **DID NOT** answer question #4

Section 3: For Completion by the HEALTHCARE PROVIDER
Major Life Activities that are Affected

Physical Activity Affected	Mild	Moderate	Severe
Repetitive Use of Hands- Right Hand			
Repetitive Use of Hands- Left Hand			
Mental, Emotional, and Sensory Limitations	Mild	Moderate	Severe
Pace of Work			
Reasoning			
Manage Multiple Priorities			
Intense Customer Interaction			
Multiple Stimuli			
Frequent Change			
Short-Term Memory			
Long-Term Memory			
Attention Span			
Hearing			
Seeing			
Reading			
Analyzing			
Learning			
Written Communication			
Verbal Communication			
Interacting with others			

Other Major Life Activities that are Affected or Comments:

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