



Reasonable Accommodation Request Form

ADA – Disability Related

Instructions:

The Reasonable Accommodation Request Form (RARF) must be used when an employee seeks a (non-scholastic) accommodation due to a documented disability. To make a request for a reasonable accommodation, the employee must:

- Review the [Americans with Disabilities Act and Reasonable Accommodation Policy & Procedures](#).
- Complete this form and return it to the ADA Coordinator, Human Resources, 6200 University Center, Bldg. A, Tallahassee, FL 32306-2410 or via fax at (850) 645-9504 or electronically to: HR-ADA@fsu.edu
- Submit a Medical Certification of Disability form if determined necessary by the ADA Coordinator.
- **Applicants:** If you are a job applicant and require a reasonable accommodation to complete the application process or participate in an interview, please contact the ADA Coordinator before completing the application or participating in the interview. This allows time to determine and implement the appropriate accommodations. Requests for accommodations will be considered on a case-by-case basis and will not affect your application status.
- **Current Employees:** Approved accommodation applies only to your current position. If you transition to a new role within the university and continue to require accommodation, please contact the ADA Coordinator. This ensures that any accommodation is appropriately aligned with the responsibilities and requirements of your new position

Note: Upon receipt of the request form, the ADA coordinator will initiate the Interactive Process. However, all documentation, including the Medical Certification, must be submitted to finalize the Reasonable Accommodation Agreement.

Contact Information (To be completed by the Employee)

Name: _____ Employee ID: _____

FSU Affiliation: ☐ Faculty ☐ Staff ☐ Applicant ☐ Other: _____

Phone Number: _____ Email: _____

College/Division: _____ Department: _____

Job Title: _____ Supervisor: _____

Work Location: _____

Work Schedule: _____



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Accommodation Request (To be completed by the Employee)

Attach additional pages if necessary

A. Indicate the physical and/or mental impairment(s) that led to this request for reasonable accommodation and, if applicable, the expected duration of the impairment(s). Please note that it is not necessary to indicate a specific medical diagnosis.

B. Explain how the impairment(s) affect the ability to successfully complete your activity/job at FSU.

C. Specifically describe the accommodation(s) you are proposing.

Release of Information: I hereby authorize the release of the above information to Florida State University, in conjunction with the Medical Certification of Disability, for the purpose of determining if I am a qualified individual with a disability and the appropriateness of the requested reasonable accommodation(s). I further authorize Florida State University to seek clarification of this document and the Medical Certification of Disability, if necessary, by contacting my physician or care provider.

Requestor's Signature

Date

Questions regarding this form or the University's ADA policy and procedures may be directed to the Equal Opportunity Compliance & Engagement Office at (850) 645-1458, or HR-ADA@fsu.edu.

Submit to the ADA Coordinator

August 2025