

**Request for Eligibility Review**

**Form ADA-001**

**To the Employee:** To initiate a disability eligibility review, please complete this form AND have an   
appropriate and qualified health care provider complete the ADA-002.

Both forms should be sent directly to:

## Robinette Kelley Associate Vice Provost for Equal Opportunity & Deputy ADA Coordinator Office for Institutional Equity & Diversity 220 Winslow Hall, Box 7530 Raleigh, NC  27695-7530 919-515-8694 (phone), 919.513.1428 (fax)

Questions may be directed to Ms. Kelley at 919-515-8694 or rkelley@ncsu.edu

EMPLOYEE INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Schedule: (Days & Hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### GENERAL INFORMATION ABOUT YOUR PHYSICAL OR MENTAL IMPAIRMENT

* **ADD/ADHD**
* **Blindness or Low Vision**
* **Brain injury**
* **Cancer**
* **Cardiovascular**
* **Circulatory**
* **Deafness or Hearing Loss**
* **Developmental**
* **Digestive**
* **Endocrine/Nutritional/Metabolic**
* **Genitourinary**
* **Hemic**
* **Immune**
* **Lymphatic**
* **Musculoskeletal**
* **Neurological**
* **Orthopedic**
* **Mental or Psychological Disorder**
* **Reproductive**
* **Respiratory**
* **Skin**
* **Speech**
* **Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If determined eligible for accommodations, I understand that I will be registered with the ADA   
Coordinator at NC State University as an employee with a disability.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**