

Travel Accommodation Request Form

INSTRUCTIONS

This form should be completed by or on the behalf of a traveler requesting an exception to the [OSU Travel Policy](#) as an accommodation due to a qualifying disability. The traveler should discuss potential accommodations with their healthcare provider. Return the completed form and supporting medical documentation to the ADA Coordinator's Office (ada-osu@osu.edu) where it will be reviewed to determine what reasonable accommodations, if any, are appropriate.

If the request is approved, the traveler, department sponsoring the travel, and Travel Office will be notified of the accommodation, and this completed form may be attached to the Expense Report for documentation.

It is the responsibility of the department to cover up to \$500 of the approved accommodation cost. Any amount over \$500 can be reimbursed to the department from the ADA Workplace Accommodation Fund with the appropriate documentation. The department sponsoring the travel is responsible for providing documentation of the expense including a cost-comparison from day of purchase, if relevant.

COMPLETED BY TRAVELER

Name

Email Address

Employee ID (if applicable)

OSU Department/Unit Sponsoring Travel

1. Specific exception to the OSU Travel Policy requested as an accommodation:

COMPLETED BY ADA COORDINATOR'S OFFICE

1. Specific Accommodation Approved by ADA Coordinator's Office:

2. Requirements and terms for expense reimbursement:

Expiration Date: _____

ADA Coordinator's Office Signature

Date