



Travel Accommodation Request Form

Purpose

Request from employees, students, or visitors sponsored by OSU, for reasonable travel accommodations for a disability will be considered by units in consultation with the ADA Coordinator's Office ([Travel Policy 2.11](#)).

Instructions

Please provide the following information and return the completed form to the ADA Coordinator's Office at ada-osu@osu.edu for review. If the request is approved, the employee, Unit and Ohio State Travel Office will be notified of the accommodation. If you have any questions or need assistance in accessing or completing this form, please contact the ADA Coordinator's Office at 614-292-6207 or ada-osu@osu.edu.

Requestor Information:

Full Name: _____ Job Title: _____

Employee ID#: _____ Department: _____

Date Submitted: _____

Accommodation Request:

Accommodation Requested: _____

Do you have supporting medical documentation? Yes No

Accommodation Timeframe:

Is this accommodation permanent? Yes No

If this accommodation is short-term, what is the expiration date? _____

Accommodation Reimbursement Information

It is the responsibility of the department/unit to cover up to \$500 of the approved accommodation cost. Any amount in excess of \$500 will be reimbursed to the department from the ADA Workplace Accommodation Fund. The department/unit is responsible for sending all supporting documentation: receipt of purchased travel expense and comparison document if relevant (e.g., upgraded airfare vs. policy required coach class).

(The following section to be completed by ADA Coordinator's Office)

Travel Accommodation Approval

The ADA Coordinator's Office has approved the following accommodation:

Accommodation Approved through: _____

Accommodation Approved by: _____