

**Northern Illinois University
Centralized Disability Accommodations (CDA) Fund
Request Form for Employees**

In accordance with the *Americans with Disabilities Act of 1990*, as amended by the *Americans With Disabilities Act Amendments Act ("ADA")* of 2008 and, *Section 504 of the Rehabilitation Act of 1973*, 29 U.S.C. § 701 *et seq.*, state laws and University Policy, **NIU** must provide reasonable accommodations to all applicants, employees and students with a disability as defined by these statutes unless to do so would result in an undue hardship upon the university. A reasonable accommodation may include (but is not limited to) job restructuring; accessible facilities; reassignment; acquisition or modification of job/educational equipment and/or related devices; and other accommodations as determined by the procedures outlined in this Policy.

The Centralized Disability Accommodations (CDA) Fund was established to assist with the cost of providing reasonable workplace accommodations for employees. If CDA funds are approved, the department will be responsible for the first \$1,000.00 of the cost of the accommodation and the CDA fund will cover the remaining cost of the accommodation up to a maximum of \$10,000.00. Other restrictions may apply and are outlined in the [Policy](#).

This form must be approved by the applicable Dean and/or Division Vice President and forwarded to the ADA Coordinator for review. Approval is contingent upon available NIU funds which can be terminated or denied at NIU discretion. Personnel costs and NIU building modifications associated with an employee request for an accommodation are exempt from this policy.

Last Name _____ First Name _____ Middle Initial _____
 Faculty SPS Civil Service Extra Help Graduate Assistant Student Employee

Employee ID Number _____

Department Requesting Funds: _____ Supervisor and/or Administrator: _____

Description of the Accommodation (Attach copies of equipment description and vendor information):

Total Initial Cost of Accommodation(s): _____ Total CDA Fund Request: _____

The signatures below approve the purchase of the costs listed above and the appropriate costs associated with this purchase for the accommodation(s):		
_____ Dean or Division Vice President	_____ Date	_____ Department Financial Cost Center
_____ Associate Vice President for Administration and HR Compliance, Title IX Coordinator	_____ Date	Contact Person: Name _____ Phone _____ Email _____
_____ Assistant Vice President for Student Affairs, Section 504 Compliance Officer	_____ Date	