

YALE UNIVERSITY

Employee Request Application for
Special Services Van Transportation

This Section to be filled out by the Employee:

Employee's Name: _____ Net ID _____

Employee's Signature: _____

Campus Address: _____

Phone Number(s): (Home) _____ (Work) _____ (Cell) _____

Email Address (if available): _____

Is this a new request or an extension? Circle one: new extension

This Section to be filled out by Health Care Provider:

1. Is this a permanent disability? Yes _____ No _____
2. If no, how many days, weeks, or months will the special transportation be needed for: _____
3. Number of city blocks employee can walk: _____
4. Does the employee's medical condition require door-to-door transportation, or can he/she ride the Yale Shuttle if the distance between the bus stop and the destination is within the specified walking distance shown above: _____
5. Please attach documentation or provide a brief description below of the medical condition which necessitates the use of the special van transportation. (Medical details will be treated as confidential information)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or any individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Name of employee's health care provider (please print): _____

Signature of employee's health care provider: _____

Date: _____

This request will be reviewed by the Office for Equal Opportunity Programs (OEOP). If approved, Yale Transit will make every effort to provide timely transportation to the applicant's place of employment as circumstances allow.

Please return completed form to:

Office for Equal Opportunity Programs
221 Whitney Avenue, P.O. Box 208295, New Haven, CT 06520-8295
Phone: (203) 432-0849, Fax: (203) 432-7884

Office Use Only

Approved _____ Rejected _____

Signature: _____ Date: _____