

Softdocs etrieve - Form Instructions

OPC ADA Reasonable Accommodation Request

Direct link to form: <https://dom.etrieve.cloud/central/forms/381>

The screenshot displays the Softdocs etrieve web application interface. On the left, a sidebar menu shows various forms, with 'ADA Reasonable Accommodation Request' selected under the 'Office of People and Organizational Culture' section. The main content area shows the form title 'ADA Reasonable Accommodation Request V1' and a 'Draft saved' status. The form header includes the Dominican University logo and contact information. Below the header, a blue banner reads 'ADA Reasonable Accommodation Request'. The form is categorized as 'Form started by: staff or faculty'. The 'Employee Information' section contains four input fields: 'Employee DU ID' (with a redacted value), 'Employee Full Name' (Marjorie Luce), 'Employee DU Email' (mluce1@dom.edu), and 'Employee Phone #' (with a redacted value). At the bottom right, there are buttons for 'Save', 'Add Attachment(s)', and 'Submit'.

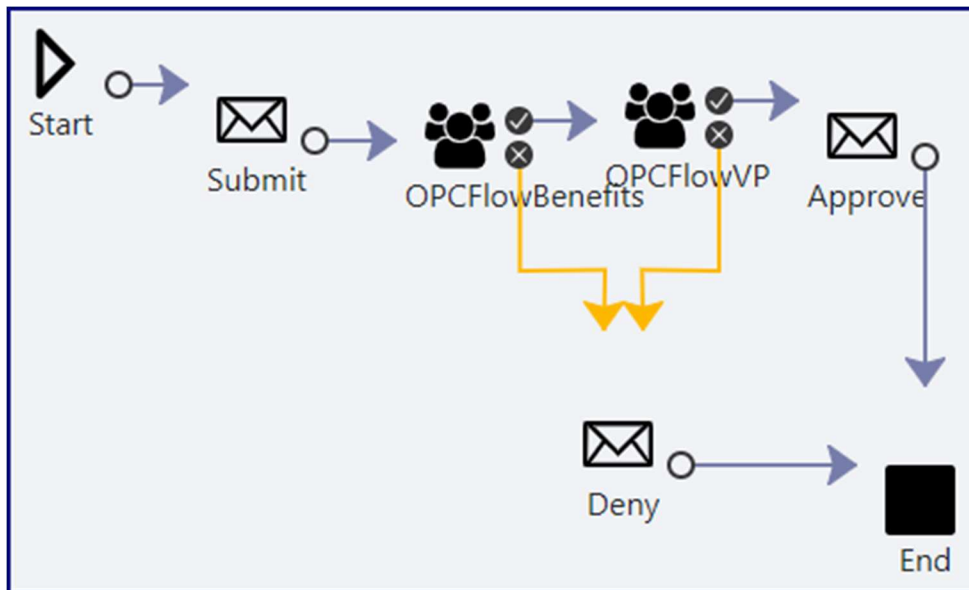
Alternate access:

1. Open Softdocs etrieve: <https://dom.etrieve.cloud/central>
2. Click on “Forms”
3. Scroll down to “Office of People and Organizational Culture” section (or search form name in box at top)
4. Click on desired form

Softdocs etrieve issues: Please submit a Support Ticket to Information Technology <https://support.dom.edu/TDClient/2074/Portal/Requests/Service/53278/Report-a-Softdocs-Etrieve-Issue/Request>

Workflow process:

1. Employee starts form and their information autofills.
2. Employee signs form and receives email confirming submission.
3. OPC Benefits receives an email notification to approve/deny.
4. OPC VP receives an email notification to approve/deny.
5. Employee receives an email confirming approval or denial.
6. Form files in Softdocs etrieve Content (document repository).



Submissions: Once someone touches a form (submitted, reviewed, approved, denied, or signed), then they can check the status at any time via their Submissions tab in etrieve Central. The form is viewable as it is filled out at that moment in time. It will show which step in the workflow it is at and the status. Each column can be sorted or filtered.

etrieve CENTRAL				
Submissions		Forms		
Search		Needs Review In Progress Completed Clear all		
Package Name ↑↓	Workflow ↑↓	Step ↑↓	Status ↑↓	
Return to Work Certification V1 - Marjorie Luce - [REDACTED]	Return to Work Certification	End	Completed	
Directory Change Request V1 - Marjorie Luce [REDACTED]	Directory Change Request	End	Completed	
Directory Change Request V1 - Marjorie Luce [REDACTED]	Directory Change Request	End	Completed	
Student Employment Work Authorization V2 - Marjorie Luce [REDACTED]	Student Employment Work Authorization	End	Completed	

Needs Review = YOU need to act

In Progress = SOMEONE ELSE needs to act

Completed = All done!

Needs Review
In Progress
Completed
Clear all

Draft form:

A draft form will be saved automatically and can be resumed at any time (or deleted).

Submissions **Forms**

Search

Drafts **1** [Edit](#)

Directory Photo Opt Out 11/17/2025

Available Forms [Collapse all](#)

From the form list, click “edit,” checkmark draft to delete, click trash icon. Or simply hover over the draft form name, then click trash icon.

Drafts **1** [X](#)

[Delete Selected](#) [Unselect All](#)

☒ Directory Photo Opt Out 11/17/2025

When a draft is open, it can also be deleted using trash icon at bottom of form.

[Delete Draft](#) [Save](#) [+ Add Attachment\(s\)](#) [Submit](#)

Form errors:

All boxes with red asterisk must be completed to “submit” a form. If all required fields are completed & error message still appears, submit an IT Support Ticket using link on page 1.

Employee Signature Date *

Employee Signature Date is required

[+ Add Attachment\(s\)](#)

The form failed to submit due to validation errors. Please check the form and try again. [X](#)

Example screenshots:

 DOMINICAN UNIVERSITY Office of People and Organizational Culture 7900 W. Division St, River Forest, IL 60305	
DU-IT's Softdocs etrieve website: form instructions, troubleshooting, Support Center help	
ADA Reasonable Accommodation Request	
Form started by: staff or faculty	
Employee Information	
Employee DU ID	Employee Full Name
REDACTED	Marjorie Luce
Employee DU Email	Employee Phone #
mluce1@dom.edu	REDACTED
Employee Position Title	
Assistant Director of Systems Integration	
Employee Department	
Information Technology	
Supervisor Full Name	Supervisor DU Email
Pete Peterson	ppeterson@dom.edu

Accommodation Request

Describe the nature, extent and duration of your disability *

This is my info...

18/500 characters

Describe the accommodation(s) you believe are needed to enable you to perform the essential functions of this job *

More info....

13/500 characters

Please attach supporting documentation that may be helpful in evaluating this request.
PDF and JPEG only

Drag and drop a file here to upload

— OR —

 **Browse Files**

Please attach supporting documentation that may be helpful in evaluating this request.
PDF and JPEG only



[Test Attachment.pdf](#)



Healthcare Provider Information

The provider may receive a request for information regarding your impairment/disability and recommendations for accommodations.

Provider Full Name *

Juana Sanchez

Provider Email *

js@yahoo.com

Provider Phone # *

(123) 456-7890

Provider Address *

123 Main St

Provider City *

Chicago

Provider State *

IL

Provider Zip Code *

60524

Signatures

Employee Signature *

I understand that this constitutes my legal signature on this document. I authorize the release of information regarding my disability to the appropriate party at Dominican University as deemed necessary by the Office of People and Organizational Culture to facilitate this request for accommodation.

Employee Signature Date *



Signature

Draw Type



Clear

☒ I understand that this constitutes my legal signature on this document.

Cancel

Create Signature

Draw OR Type your signature

Draw Type

Full Name

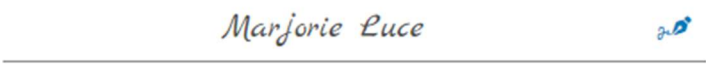
Marjorie Luce

Preview



Employee Signature *

I understand that this constitutes my legal signature on this document. I authorize the release of information regarding my disability to the appropriate party at Dominican University as deemed necessary by the Office of People and Organizational Culture to facilitate this request for accommodation.



Employee Signature Date *

08/25/2026

Delete Draft Save

+ Add Attachment(s)

Submit

DON'T FORGET TO SUBMIT!



ADA Reasonable Accommodation Request V1
submitted

Your form has been submitted and will be processed soon.

OPC Office Use Only

Approved? *

Yes

▼

If **Yes** chosen, then click **Approve** at bottom of form. No comment required.

If **Partial** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Approve** at bottom of form.

If **No** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Decline** at bottom of form.

Paygroup *

Status *

Monthly Staff

▼

Active

▼

OPC Notes

0/500 characters

[Save](#)

[Unlock](#)

✕ Decline

✓ Approve

DON'T FORGET TO APPROVE OR DENY!

Approve, Partial Approve, Deny

Approved? *

|

▼

If **Yes** chosen, then click **Approve** at bottom of form. No comment required.

If **No** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Decline** at bottom of form.

Yes

No

EXAMPLE 1: **Approved**

Approved? *

Yes

▼

If **Yes** chosen, then click **Approve** at bottom of form. No comment required.

If **No** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Decline** at bottom of form.

[Save](#)

[Unlock](#)

✕ Decline

✓ Approve

EXAMPLE 2: Partially Approved

Approved? *

Partial

If **Yes** chosen, then click **Approve** at bottom of form. No comment required.

If **Partial** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Approve** at bottom of form.

If **No** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Decline** at bottom of form.

Save

Unlock

Decline

Approve

TTFlowtesting Received
08/25/2026 at 2:11 PM

The accommodation for an ergonomic keyboard is approved. The accommodation for a private office in a private building is not approved.

Send Comment

Approved? *

Partial

If **Yes** chosen, then click **Approve** at bottom of form. No comment required.

If **Partial** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Approve** at bottom of form.

If **No** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Decline** at bottom of form.

Save

Unlock

Decline

Approve

Marjorie Luce
The accommodation for an ergonomic keyboard is approved. The accommodation for a private office in a private building is not approved.
Ip Address: 69.219.216.130
08/25/2026 at 2:17 PM

Edit Delete

Send Comment

EXAMPLE 3: Denied

Approved? *

No

If **Yes** chosen, then click **Approve** at bottom of form. No comment required.

If **No** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Decline** at bottom of form.

Save

Unlock

Decline

Approve

08/23/2026 at 2:11 PM

This is not a valid account #. Please resubmit with correct account #.

Send Comment

Business Office Use Only

Approved? *

No

If **Yes** chosen, then click **Approve** at bottom of form. No comment required.

If **No** chosen, then put a **reason** in the comment panel to right of form. Click **Send Comment** and then click **Decline** at bottom of form.

Save

Unlock

Decline

Approve

Marjorie Luce
This is not a valid account #. Please resubmit with correct account #.
Ip Address: 69.219.216.130
08/23/2026 at 2:11 PM

Edit Delete

Send Comment