

**The University of Alabama Web Resource (WR)
Temporary Accessibility Policy Exemption Request and
Equally Effective Alternate Access Plan**

Requester Information

Date:

Requester Name:

Job Title:

College/School/Division:

Office/Dept/Program:

Office Location:

Phone:

Email:

Area Accessibility Liaison:

WR Owner:

WR Owner College/School/Division:

WR Owner Office/Dept/Program:

Web Resource Information

WR Title:

WR Description (include URL or description of how WR is accessed by users):

WR Type (Select all that apply):

- Web site/page(s)
- Web-based application
- Electronic document (PDF, MS Word, PPT, etc.)
- Electronic form
- Multimedia or video content
- Software application
- Other (Describe):

WR Status:

- Under consideration.
- Under development. Enter planned completion date:
- Under revision. Enter planned completion date:
- Completed.
- Other (Describe):

WR Source:

Development by UA area.
UA office/dept/program:

Development by or procurement from third party.
Name of vendor or third party:

Other (Describe):

The usage scope for this WR is (Select all that apply):

- Public facing, active WR
- Public facing, legacy WR
- Internal use, campus-wide
- Internal use, known group of users
- Used by students
- Used in employee development or training
- Required to perform an essential job or administrative function
- Required to perform an essential academic function
- Mission critical for service delivery
- Other (Describe):

Date of Accessibility Evaluation:

Person responsible for Accessibility Evaluation:

Summary of Accessibility Evaluation Findings (attach other documents, if needed):

Justification for Temporary Exemption

Select the reason(s) for requesting this temporary exemption (check all that apply):

- Cost prohibitive
- Underlying technology platform not accessible
- Adequate skilled resources unavailable

- Large programming impact
- Nearing end of life cycle
- No accessible equivalent available
- Adherence to a different accessibility standard, such as Sect 508 or WCAG 2.1 (Describe):
- Other (Describe):

Provide any supporting information to justify this request:

Estimated burden of making WR accessible (development cost, time, etc.):

No estimate done. Explain:

Planned Accessibility Compliance date:

If no date is planned, explain:

Other relevant information:

Equally Effective Alternate Access Plan (EEAAP)

An EEAAP will allow a person with a disability the opportunity to acquire the same information, engage in the same interactions, and enjoy the same services as a person without a disability in an equally effective and equally integrated manner, with substantially equivalent ease of use. The person with a disability must be able to obtain the information as fully, equally and independently as a

person without a disability. For web resources, this must be an alternative format that communicates the same information in as timely a fashion as does the original web resource. For interactive applications, this must be an alternative format that allows the user action (e.g., registration) to be accomplished in a comparable time and with comparable effort by the user.

Describe EEAAP, including time and expense to implement and campus area(s) responsible:

Informed Parties (for internal use):

Have the following areas been informed about this web resource, its possible temporary exemption to accessibility policy, and any EEAAP that affects their area?

UA Office of Counsel:

Yes No Not applicable Date: _____

UA ADA Coordinator:

Yes No Not applicable Date: _____

Office of Disability Services (If WR is student-facing):

Yes No Not applicable Date: _____

Human resources (If WR is required for employees):

Yes No Not applicable Date: _____

Recommendations (for internal use):

Campus area accessibility liaison: Approve Deny
Signature: _____ Date: _____

Dean or Vice President: Approve Deny
Signature: _____ Date: _____

Campus Accessibility Coordinator: Approve Deny
Signature: _____ Date: _____

University CIO: Approve Deny
Signature: _____ Date: _____

Compliance Office: Approve Deny
Signature: _____ Date: _____

Provost
This exception request is: Approved Denied
Signature: _____ Date: _____

Comments:

Duration of Exception Granted From Date:

- 3 months
- 6 months
- 12 months
- 24 months
- Other (specify):

For questions or assistance completing this form, contact The University of Alabama Office of Information Technology Emerging Technology and Accessibility at 205-348-0216 or accessibility@ua.edu.

The completed form should be routed through the appropriate Dean or Vice President and sent to accessibility@ua.edu.