

REQUEST FOR ACCOMMODATION For FACULTY AND STAFF

Directions:

Form 1: Please complete form, submit to dept. head for signature and submit to Human Resources at the address below.

Form 2: Please complete and return to Human Resources.

Please note that page 2 should be completed only by employee.

HUMAN RESOURCES, 140 McKenny Hall, Ypsilanti, MI 48197

CURRENT EMU EMPLOYEE:

APPLICANT FOR EMPLOYMENT:

NAME: _____

CAMPUS ADDRESS: _____ TELEPHONE: _____

ACCOMMODATION REQUESTED/SUGGESTED:

PHYSICAL/FACILITY ACCESS JOB DUTIES RESTRUCTURED EQUIPMENT OTHER

PLEASE EXPLAIN: _____

DOCUMENTATION OF DISABILITY: WORKERS COMPENSATION DOCTOR CERTIFYING AGENCY

CLASSIFICATION: AC AH AP CC CP CS FA FM LE PS PT

JOB TITLE/POSITION: _____

DEPARTMENT: _____ PHONE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

HIRING OFFICIAL;
DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

The Human Resources Department seeks to fairly and consistently accommodate employees with disabilities as provided in the Americans with Disabilities Act. Any information submitted will be kept confidential.

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EMPLOYEE:

NATURE OF DISABILITY: _____

PHYSICIAN CONTACT INFORMATION: (Please provide name, address, telephone and fax numbers. The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendation for accommodations.)

HUMAN RESOURCES:

C.A.T.E. LAB INFORMATION:

DATE REFERRED TO C.A.T.E. FOR ASSESSMENT: _____

C.A.T.E. RECOMMENDATION: _____

SIGNATURE: _____ PROJECTED COST: _____

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ACCOMMODATION REQUEST: APPROVED DENIED

REASON: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

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