

REASONABLE ACCOMMODATION REQUEST FORM

Employee Number- E#: _____ Email Address: _____

Name: _____

Campus Address: _____ Campus Telephone: _____

Classification: AC AH AP CA CP CS FA FM LE/LL PS PE PT VF Applicant

Job Title/Position: _____ Department: _____

Supervisor's Name: _____ Supervisor's Telephone: _____

<p>1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation and the expected duration of the impairment(s). Include the date of diagnosis.</p>
<p>2. What, if any, job function or employment benefit are you having difficulty performing based on the information you described above?</p>
<p>3. What specific accommodation are you requesting?</p>
<p>4. If you are requesting a specific accommodation, how will that accommodation assist you?</p>
<p>5. If you are not sure what accommodation is needed, please provide any suggestions about what options may be discussed or explored.</p>
<p>6. Please provide any additional information that might be useful in processing your accommodation request:</p>

Medical Verification:

I have enclosed the applicable medical inquiry form.

The disability & need for a reasonable accommodation is obvious.

<p>Signature: _____</p>	<p>Date: _____</p>
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