



## REQUEST FOR REASONABLE ACCOMMODATION

### Employee Information

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Zip Code*

Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Campus Ext: \_\_\_\_\_ Position: \_\_\_\_\_

#### Nature of Qualifying Disability

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have suggestions about what options we can explore? If yes, please explain.

Is your accommodation request time sensitive? If yes, please explain.

#### Job Functions

What, if any, job functions are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had accommodations in the past for this same limitation? If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

### Nature of Qualifying Disability

Please provide any additional information/documentation that might be useful in processing your accommodation request:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_