

**Employee Reasonable   
Accommodation Request Form**

# **Employee Information**

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

Employee #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PID (Student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred phone: \_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Information**

Administrative  Faculty  Student

Classified  Bargaining Unit  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current work status (i.e., F/T, P/T, returning to work, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Disability Information**

**Please describe how your disability impacts you:**

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

**Indicate disability type:**

|  |  |  |
| --- | --- | --- |
| Attention Deficit   Hyperactivity Disorder | Autism Spectrum | Blind/Low Vision |
| Chronic Health | Cognitive | Deaf/Hard of Hearing |
| Learning Disability | **Mobility/Physical** | Psychological |
| Temporary Injury/  Condition | Traumatic Brain Injury | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**What, if any, job function are you having difficulty performing?**

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

**What specific accommodation are you requesting?**

**Please provide any additional information that might be helpful in reviewing your accommodation request:**