

**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:**