

**Faculty & Staff Reasonable
Accommodation Request Form**

# **Employee Information**

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PID# (Employee Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to leave a message at this number? Y/N

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to email you? Y/N

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

Home/Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to leave a message at this number? Y/N

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Information**

[ ]  Administrative [ ]  Faculty [ ]  Classified

[ ]  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.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How were you referred? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Disability Information**

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

**Indicate disability type:**

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

## **Please place an “X” next to those activities that have been significantly impacted by your disability:**

## **[ ]  Walking** **[ ]  Standing** **[ ]  Sitting** **[ ]  Breathing** **[ ]  Seeing**

## **[ ]  Hearing** **[ ]  Learning** **[ ]  Manual Tasks** **[ ]  Lifting [ ]  Focusing**

**[ ]  Other (please describe):**

 **What accommodation do you anticipate requesting?**

 **Have you discussed your situation with your supervisor?** **[ ]  Y** **[ ]  N**

**What was the outcome of your interaction?**

 **Is there anything else we should be aware of as we consider your accommodation request?**