



Request for Accommodation – Employee or Applicant

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of his or her job safely and effectively or for a job applicant with a disability to participate in the application process.

Form with header 'For Completion by the EMPLOYEE or JOB APPLICANT' and fields for Name, W#, Phone number, Department, Email Address, and Position.

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

What employment related limitations are you currently experiencing?

Please state what accommodation(s) you feel are needed.

I am making a request for reasonable accommodation due to a disability and I understand that information obtained during this process will be maintained and used in accordance with confidentiality requirements. I further understand that I may be required to provide medical documentation to verify that I am a qualified employee or job applicant with a disability, my employment related limitations, and the necessity of my accommodation request.

Signature: _____ Date: _____

Send Request marked "Confidential" to Human Resources (Disability Services), MS 9054 or fax to (360)788-0071