

Accommodation Request Form - Service Animal / Support Person

Employee name: _____ Department/Faculty: _____

Job title: _____ Supervisor's name: _____

Please provide the following information to allow us to assist you.

1. Are you requesting the support of a:

Service animal / Comfort animal

Support Person

2. Has a health care professional recommended this request? If so, please attach supporting documentation.

3. Please explain how this request supports your situation or disability.



4. Is the accommodation request time-sensitive? If **yes**, please explain.

5. What is the expected duration of this situation or limitation/disability?

Signature

Date submitted

Submit to Human Resources.

To Be Completed by Human Resources

Reviewed by: _____ **Approved:** _____

Date: _____