

## 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.

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

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

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

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Signature

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Date submitted

**Submit to Human Resources.**

**To Be Completed by Human Resources**

**Reviewed by:** \_\_\_\_\_ **Approved:** \_\_\_\_\_

**Date:** \_\_\_\_\_