

Accommodation Request Form

Employee name: _____ Department/Faculty: _____

Job title: _____ Supervisor's name: _____

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

1. Identify the situation or need(s) for which you are seeking an accommodation.
2. Has a health care professional recommended a specific accommodation? If so, please attach supporting documentation.

Do you have any suggestions about options we can explore for this accommodation?

3. What is the special need relating to your situation or disability?



4. If you are requesting a specific accommodation, how will that accommodation assist you to perform your job?

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

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

7. Have you had any accommodations in the past for this same limitation? If **yes**, what were they and were they effective?

8. Please provide any additional information that might be useful in processing your accommodation request. (Attach supporting documentation)

Signature

Date submitted

Submit to Human Resources.

To Be Completed by Human Resources	
Reviewed by: _____	Approved: _____
Date: _____	