

## 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 disability for which you are seeking an accommodation.
  
  
  
  
  
  
  
  
  
  
2. Has a health care professional recommended a specific accommodation? If so, please attach supporting documentation.

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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?

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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)

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