

Z R U N S O D F H Accommodation Request

Completion of this form will allow us to work together to review and address your request for an accommodation to perform the essential functions of your job. This information and related documentation will be treated confidentially and kept separate from your personnel file.

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| Name: | Email: | Eagle ID (first 8 numbers): |
| Department: | Title: | VP/Dean Name: |
| Campus Address/Building: | Extension: | Mobile Phone: |
| Supervisor/Department Chair Name: | Supervisor Phone: | |
| Is your supervisor aware of your request: Yes No | | |

ACCOMMODATION REQUEST

Identify the basis of your request for accommodation(s).

Describe the accommodation you are requesting. (Please note: if a reasonable accommodation is granted it may be an effective accommodation that is different from the one you specify below.)

Describe how the accommodation you are requesting is/are will enable you to perform the essential function(s) of your position.

Please provide any additional information you believe may be of assistance while we review your request for a Z R U N S O D F H accommodation.

Employee Signature: _____

Date: _____