

REQUEST FOR ACCOMMODATION

(To be completed by the individual requesting accommodation)

I. Employee Information

Name:

Classification:

Department:

II. Disability Information (medical documentation required)

A. Type of Disability:

B. Functional Limitations:

III. Job Information (include a copy of position description if available)

A. Essential Functions

B. Describe your limitations in regard to these essential functions

IV. Accommodation Information

A. Accommodation Requested

First choice:

Other options:

B. Please provide examples of how the requested accommodation will impact your ability to perform the duties and responsibilities of the position.

C. Cost of Accommodation

1. Estimated cost of first choice:

If equipment, please indicate where it is available, installation and training costs, and any other relevant costs.

2. Estimated cost of other options

To be completed by Disability Accommodation Committee:

Approval Recommended*

Approval Not Recommended

*Approval of this request does not mean that funds have been designated to cover costs of the accommodation. Final determination will be made by the Associate Chancellor for Institutional Diversity in consultation with the University General Counsel and Legal Affairs and Human Resources.