

Section 1 (please print)

Date ____/____/____ SSN _____
Requester's name _____
Home address/telephone (optional) _____
Campus phone _____ E-mail _____
Position/title _____ Department _____
Supervisor _____
Name Phone E-mail

Is documentation of impairment on file with Director of Personnel? Yes / No
What major life activity is substantially limited? _____

Section 2

Accommodation is being requested for one of the following (check one):

____ Application/selection process (see item 1) ____ Seminar/training program (see item 4)
____ Job transfer/promotion duties (see item 2) ____ Other (see item 5)
____ Current position (see item 3)

1. Requested accommodation is to enable individual to apply for a position

Title, level, and location of position Closing date

Accommodation(s) requested Approx. cost

2. Requested accommodation is to enable individual to transfer or be promoted to a new position and perform its requisite duties and responsibilities

Title, level, and location of position Closing date

Describe/list functions of the position for which accommodation is requested. Indicate **E** for essential and **M** for marginal functions.

Accommodation(s) requested Approx. cost

3. Requested accommodation is to enable individual to continue performing the duties and responsibilities of current position

Title, level, and location of position Closing date

Describe/list functions of the position for which accommodation is requested. Indicate **E** for essential and **M** for marginal functions.

Accommodation(s) requested

Approx. cost

4. **Requested accommodation is to enable individual to attend a seminar/training program**

Name, place, date, and time of session

Name of organization sponsoring program

Accommodation(s) requested

5. **Requested accommodation is for other circumstances. Please explain:**

Section 3

If any previous accommodation(s) has been made for the requester, list the number, type(s), and date(s) of such accommodation(s):

_____ Cost of past accommodation _____

For use by Personnel Office only – do not write in this section

Date of first meeting with Director of Personnel _____

Name(s) and position/titles of persons at meeting _____

Is the requester disabled under the ADA? Yes / No

Is the requester a qualified person with a disability? Yes / No

Is the current requested accommodation granted? Yes / No

If not, what other accommodation is offered/made and why? _____

Action taken if workplace modification _____
