

REASONABLE ACCOMMODATION
REQUEST FORM

(THIS FORM TO BE COMPLETED BY THE APPLICANT/EMPLOYEE)

All information provided will be kept confidential, to the extent provided by law.*

Health Care Provider Release Form
Health Care Provider Statement Form,

SECTION 1- APPLICANT/EMPLOYEE INFORMATION			
Name:		Job Applicant Current Employee Other:	
Address:		Phone #:	
		Email:	
EMPLOYEE INFORMATION: _____			
Department/Unit:		Job Title:	
Work Phone #:	Manager:	Campus/Location:	
APPLICANT INFORMATION:			

Describe the nature of the accommodation requested. (Present supporting documentation, as may be appropriate.)
Is the condition for which you are requesting an accommodation?
