

ACCOMMODATION REQUEST FORM

This form is to be used to request disability or religious accommodations. Information provided to the Office of Academic Labor Relations will be maintained in confidence and divulged only to the extent necessary.

Name: _____
Title: _____
Department: _____ Campus: _____
Phone: _____ Work Home Cell
Email: _____

Status: Staff Faculty: _____ Employment Date: _____

Supervisor Name: _____
Campus Phone: _____ Email: _____

Type of Accommodation Requested:
 Religious Disability (select one or both)
 Physical Psychological Learning
Do you have a note from your Health Care Provider? Yes (please attach) No

Briefly describe the accommodation being requested:

If you have sought assistance from your supervisor, or from any other person, please provide the date and the result:

Signed: _____ Dated: _____/_____/_____

Please return this form to: