



DISABILITY ACCESS REQUEST FORM

FOR EMPLOYEE

DATE: _____
NAME: _____
DEPARTMENT: _____
LOCAL ADDRESS: _____

CHECK ONE: FACULTY: _____ STAFF: _____
POSITION/TITLE _____
DIVISION: _____
HOME ADDRESS: _____

PHONE: _____
E-MAIL: _____

PHONE: _____
E-MAIL: _____

EMPLOYEE Describe the need for reasonable accommodation(s) including how this would help you to perform the essential functions of your job. Attach supporting documentation and/or have physician provide a medical questionnaire.

OTHER USER: Provide the name of the activity/event/program date and time reasonable accommodation(s) will be needed.

What is (are) your recommendation(s) for reasonable accommodation(s)? If unknown, please state "To be Determined."

Requestor's Signature: _____ Date: _____

Receiver's Signature: _____ Date: _____

Title: _____

OFFICE OF EQUITY AND DIVERSITY USE ONLY

DISPOSITION: _____

If denied, include a statement of undue hardship explaining reason for denial and attach additional documentation if applicable.

Signature: _____ Date: _____

*Use additional sheets of paper as necessary for your response.
Forward request to the Office of Adaptive Services, Howard Hall, Room 137
This form is available in alternative formats upon request.
TTY, VCO, HCO, ASCII or Speech-to-Speech via 711 for (239) 590-7941.*