

## REASONABLE ACCOMMODATION REQUEST FORM

Employee Name:			
Position:			
EMPLOYEE GROUP: Administrator Classified Facilities Mgmi	t	aculty	
Supervisor:			
Identify the physical and/or mental impairment for which you are requesting accommodation and the expected duration of the impairment.			
What, if any, job function or employment benefit are you having difficulty performing?			
What specific accommodation are you requesting?			
If you are requesting a specific accommodation, how will that accommodation assist you?			
If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?	Ye	s 🗆	No □
If <i>yes</i> , please explain.			
I have provided the applicable medical inquiry form	Yes □	No □	N/A □
Please provide any additional information that might be useful in proceedings:	cessing you	ır accommo	odation
Signature:	Date:		