

1. Please provide a brief description of your job responsibilities: _____

2. Please explain the essential duties of your employment responsibilities that are impacted by your condition and how they are impacted.

Information About Your Accommodation Request

1. Do you have a documented disability? Yes No I'm not sure

2. Have you been given a diagnosis by a medical provider? Yes No

3. What is the medical diagnosis for which you are requesting the accommodation(s)?

4. Is your condition temporary or permanent? If temporary, please indicate the duration of the condition.

5. Please describe the difficulties (functional limitations) you are currently experiencing while performing the essential duties of your job.

6. Please list the accommodation(s) that you are requesting.

7. Have you considered or previously tried alternative modifications to address the difficulties you are experiencing while performing the essential duties of your job? If so, please list them.

8. How long do you anticipate the need for an accommodation?

9. Explain how the requested accommodation(s) will enable you to perform the essential duties of your job.

Please check appropriate box:

- Are you currently on a FMLA/PFML Leave? Yes No
 - If "Yes", will you need these accommodations upon return? Yes No
 - If "Yes", anticipated return date is _____

- Have you requested a reasonable accommodation through HR or any other office/department on campus before? Yes No
 - If "Yes," is it the same condition or impairment that you are currently requesting an accommodation for? Yes No
 - If "Yes," approximately when was the request made and with which office/department? _____

Acknowledgment

I am requesting a reasonable accommodation. I agree to fully cooperate with the Office of Human Resources in responding to my request, including providing the appropriate medical documentation. I understand that I may not be provided with the specific accommodation that I have requested; however, I understand that good faith efforts will be made in making a determination. I attest that the above information is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____