



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.

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

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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.

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

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

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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: \_\_\_\_\_