



OFFICE OF ACCESS & EQUITY

Request for Reasonable Accommodation Form

Employee Name:	Employee Phone:
Supervisor:	Supervisor Phone:
Department:	Position:
1. In general indicate your disability and how it limits a major life function(s) that relates to your job.	
2. Describe how your condition limits your ability to perform the essential functions of your job. Please use your job description to identify the essential functions affected specifying how the medical condition impairs your ability in each instance.	
3. List and describe the accommodation(s) you are proposing.	
4. Explain how the proposed accommodation(s) will enable you to perform the essential functions of your job. Please be specific.	
5. Please add any comments or information you believe may be helpful in consideration of your request. (Note: If requesting, assistive equipment or services, please include names, addresses and telephone numbers of vendors)	
Employee Signature:	Date: