DISABILITY ACCESS REQUEST FORM
FOR EMPLOYEE

DATE: ________________________ CHECK ONE: FACULTY: _____ STAFF: _____
NAME: ________________________ POSITION/TITLE ___________________________
DEPARTMENT: __________________ DIVISION: _______________________________
LOCAL ADDRESS: ___________________________________________________________
PHONE: ________________________ PHONE: ________________________________
E-MAIL: _______________________ 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.