



REQUEST FOR FALL 2020 REASONABLE ACCOMMODATION

Your Name _____

Today's Date

Your Job Title

PAT OS FAC
Your Status (check one)

Your Department/Program

Your Supervisor/Program Coordinator's Name

Your Preferred Telephone Contact

Your Preferred Email Contact

Your Preferred Mailing Address

Medical Information

Please identify why you are requesting accommodation:

Please provide the name and contact information for the healthcare professional(s) who is treating you for this condition. If it may be necessary to contact your provider for accommodations information.

REASON FOR REQUEST

What accommodations are you requesting that will assist you in performing the essential functions of your job? Please be as specific as possible.

Add any comments that you feel may be helpful in consideration of your request:

Once your form has been filled out, save as a PDF and include your first and last name in the title and a description of the form(s) you are submitting, You can attach more than one document to the email.

For example: **LASTNAME_FIRSTNAME – Request for Reasonable Accommodation**

When you are ready to submit your documents, [click here](#). Attach your document(s) to the Box email address populated in your selected email application and click Send. Your attachments will be sent directly to a secure folder in Box. *Please note that only the attachments will be saved in the Submission Inbox and any message written in the body of the email will not be received.* You will receive a confirmation email receipt delivered to the email address you submitted your forms from.

This form is available in alternate format upon request.

Revised 6/26/20