



Accommodation Request Form

Under the California Fair Employment and Housing Act (“FEHA”) and the Federal Americans with Disabilities Act (“ADA”), reasonable accommodations are defined as modifications or adjustments to the work environment, or to the manner or circumstances under which a position is customarily performed, that enables a qualified individual with a disability to perform the essential functions of that position.

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|------------------------------------|---------------------------------|
| EMPLOYEE INFORMATION | |
| Name | Appropriate Administrator/Chair |
| Address (Street, City, State, Zip) | Personal Email and Phone Number |

ACCOMMODATION(S) REQUESTED (Be as specific as possible, for example adaptive equipment, reader, interpreter, training, schedule change, etc.):

REASON FOR REQUEST (**Please do not disclose your diagnosis**; explain your disability-related limitations and how this accommodation will help you do your job.):

IS YOUR LIMITATION:

Permanent Temporary Unknown

ANTICIPATED DATE OF RECOVERY (if any)

I CERTIFY THAT I HAVE A DISABILITY THAT REQUIRES REASONABLE ACCOMMODATION, WHICH WILL BE MET BY THE ACCOMMODATION(S) LISTED ABOVE.

Employee Signature

Date

This completed form must be returned to the Benefits Office in Del Norte 3004 or benefits@csus.edu.