

Indiana State University

Office of Affirmative Action

Parsons Hall, Suite 223
Terre Haute, IN 47809

Telephone: (812) 237-8954
Fax: (812) 237-8960

REQUEST FOR ACCOMMODATION

The purpose of this form is to document your request for reasonable accommodation to enable you to perform the essential functions of your job. In order to evaluate your request, we will need information regarding your disability, your functional limitations and your requested accommodation(s). **Please complete and return this form to the Office Affirmative Action, Parsons Hall, 223, and forward a copy to the supervisor.**

General Information

Name (Last) (First) (MI)

University Identification Number (991)

Job Title

_____/_____
Work Telephone Number Home Telephone Number

Name of Supervisor

_____/_____
Department/Division Phone Number

Disability and Accommodation Information

Describe the nature of your disability: _____

Specify your functional limitations with respect to your disability: _____

Specify the nature of your requested accommodation(s), including any equipment, aids or services: _____

You will be required to provide current physician's information on the provided form documenting the disabling condition and verifying need for the requested accommodation.

A determination regarding your request will be made within thirty working days of receipt of the physician's statement. If you wish to appeal the determination, you may contact the Office of Affirmative Action, Parsons Hall, Suite 223 or call (812) 237-8954.

Employee Signature _____ Date _____