

Requestor's Name: \_\_\_\_\_

Requestor is (check only one):  Employee  Job Applicant  Visitor / Public

Requestor's Email Address: \_\_\_\_\_

Requestor's Phone #: \_\_\_\_\_

If Requestor is an employee, also provide: Job Title: \_\_\_\_\_

Division/Unit: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

(Attach a separate sheet if additional space is needed)

A. Please describe the nature of your disability and the functional limitations resulting therefrom.

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B. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

|    | Accommodation Type:  | Reason for Accommodation Request: |
|----|--|-----------------------------------|
| 1. | <input type="checkbox"/> Application/Testing Process<br>Explain the specific application/testing requirement for which accommodation is requested: ( )         |                                   |
|    | <input type="checkbox"/> Participating in a Job Interview<br>Identify the Date/Time/Location of the job interview for which an accommodation is requested: ( ) |                                   |

