

Reasonable Accommodation Request Form

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of his or her job safely and effectively or for a job applicant with a disability to participate in the application process.

Section I: To be completed by employee or job applicant requesting accommodation.

I am making a request for reasonable accommodation due to a disability and I understand that information obtained during this process will be maintained and used in accordance with confidentiality requirements.

I further understand that I may be required to provide medical documentation to verify:

- That I am a qualified employee or job applicant with a disability,
- My employment related limitations, and
- The necessity of my accommodation request.

Name (PRINT): _____

Employee # (employees only): _____

Department: _____

Supervisor name (employees only): _____

Position: _____

Contact Phone: _____

Email Address: _____

Please complete page 2.

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

What employment related limitations are you currently experiencing?

Please state what accommodation(s) you feel are needed.

Signature: _____ **Date:** _____

Send request marked "Confidential" to:

Campus Mail: HR, Atten: Disability Services, MS-5221

U.S. Mail: HR, Disability Services,
516 High Street, MS-5221
Bellingham, WA 98225-5996

Fax: 360.788.0071 (confidential)

Email: mika.greathouse@wwu.edu

SECTION II: To be completed by Disability Services:

Contacts made and options considered:

Accommodation Request is : Approved Denied

Cost of Accommodation(s):