

EMPLOYEE/APPLICANT To request an accommodation, complete this form and return to the Office of Human Resources or fax to 321-674-7519 Contact the Office of Human Resources at 321-674-8100 if you have any questions about the accommodations listed below. Attach a current job description to this form.

SECTION 1 EMPLOYEE/APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Employee ID Number \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Department \_\_\_\_\_ Job Title \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_ Supervisor's Email \_\_\_\_\_

SECTION 2 REQUEST INFORMATION

Assistive equipment. Please describe equipment you are requesting that the university provide:

Interpreter

Disability Parking. Duration requested:  Short term (6-8 weeks)  Long term

Leave of absence or intermittent leave use: Duration requested: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reduction in work schedule: Duration requested: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please describe:

Modification of job duties: Duration requested: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please describe:

Other change in work schedule. Please describe:

Other accommodation. Please describe:

