

Indiana State University
Office of Human Resources

Rankin Hall, Room 326
Terre Haute, IN 47809

Telephone: (812) 237-4153
Fax: (812) 237-8084

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 of Human Resources, Rankin Hall, 326, and forward a copy to the supervisor.

General Information

_____ Name (Last)	_____ (First)	_____ (MI)	_____ University ID Number
_____ 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 Human Resources, Rankin Hall, Room 326 or call (812) 237-4153.

Employee Signature Date