DISABILITY ACCOMMODATION REQUEST
TO BE COMPLETED BY EMPLOYEE
(Instructions at end of form)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Telephone/TDD:</th>
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<tbody>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td>Job Title:</td>
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<tr>
<td>Immediate Supervisor:</td>
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</table>

Specify the nature of the disability:

Requested accommodations(s):

As a part of the accommodation process, you may be interviewed. A request for an accommodation will not be considered without current medical verification of the disability.

Employee Signature

Date

Instructions: When a workplace accommodation is needed by a disabled BSU employee, this form is to be completed by the employee requesting the accommodation. In order to consider the accommodation request, a Medical Verification - Physician’s Form must be submitted.
The verification must be provided by a physician who holds a current medical license. In order to be considered current, the medical verification documentation must be **within six (6) months prior** to the date of the accommodation request unless the disability is a learning disability, then the medical verification documentation must be **within three (3) years prior** to the date of the request.

This completed form should be marked confidential and forwarded to:  
Assistant Director of Equal Opportunity  
ADA Coordinator  
Employee Relations  
2000 W. University Avenue, AD 002  
Muncie, IN 47306  
FAX: (765) 285-5615  
Department Phone: (765) 285-1843