

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

Name: <input style="width: 90%;" type="text"/>	Telephone/TDD: <input style="width: 90%;" type="text"/>
Home Address: <input style="width: 95%;" type="text"/>	
Department: <input style="width: 60%;" type="text"/>	Job Title: <input style="width: 40%;" type="text"/>
Immediate Supervisor: <input style="width: 95%;" type="text"/>	

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.

[Email link to Employee Relations](#)

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, Institutional Equity and Affirmative Action
Employee Relations and Affirmative Action
2000 W. University Avenue, AD 002
Muncie, IN 47306
FAX: (765) 285-5615
Department Phone: (765) 285-1843