



REQUEST FOR ACCOMMODATION

Please submit this form to Human Resource Services

Date: _____

Employee's Name: _____

Department: _____

Phone: (____) _____ Ext. _____

Have you authorized someone to file this request on your behalf: YES ____ NO ____

If YES, please provide the following information:

Name: _____

Address: _____

Phone: (____) _____

REQUEST: (Please include specific information of what is needed to make this program, service, facility or activity accessible. Please include cost)

Location (where accommodation is needed): _____

Reason for request: _____

Need for accommodation verified by (please attach physician's note): _____

Date accommodation is needed: _____

Will the accommodation serve others? YES ____ NO ____

What will the consequences be if this accommodation is not met? _____

Signature of ____ Person requesting accommodation ____ Authorized Representative

Employee Signature

Date

Signature of Supervisor is required to acknowledge that a request for accommodation is being made.

Supervisor's Signature

Date

Form submitted to:

Human Resource Services: _____

(Date received)

Approved by John Tortarolo: _____ (Proceed to Kelley Hudson-Maclsaac)

Denied by John Tortarolo: _____

Reason for denial: _____

Kelley Hudson-Maclsaac: _____

(Date received)

Accommodation met by: _____
