



EMPLOYMENT ACCOMMODATION REQUEST FORM

The following information is needed if you wish to make a formal request for a specific employment related accommodation. All requests are treated as **confidential information and will be considered on a case-by-case basis**. Reasonable accommodations are defined as those changes or adaptations necessary for employees with qualifying disabilities to perform essential job functions. As an employer, San Francisco State University is responsible for providing reasonable accommodation, in accordance with provisions contained in the Americans with Disabilities Act (ADA) as amended, Section 504 of the Rehabilitation Act, and the Fair Employment and Housing Act (FEHA).

In most cases, you will be asked to provide documentation of your disability from a qualified medical professional. DPRC may also request a copy of your position description of record in order to determine with you which essential functions need accommodating. For more information go to: <http://access.sfsu.edu/content/employee-accommodations>

A. Contact Information

Name _____ Employee ID _____

Home Address _____

City _____ State Home Phone _____

Cell Phone _____ Work Phone _____ e-mail

Preferred Method of Contact (check all that Home Cell Work e-mail

Special Instructions: (e.g., do not leave messages on work phone, etc.) _____

B. Employee Information

Employment Status: Faculty Staff Exempt Full-time Part-time Non-exempt

Job Title _____

Department _____ Building/Room _____

College/Division _____

Direct Supervisor _____

Supervisor Title _____

Supervisor Phone _____

Supervisor Email _____

In this intake, Direct Supervisor refers to your immediate supervisor or manager, i.e., Dean, Chair, MPP, or work lead

C. Employment Accommodation Request Information

State and describe the disability/health condition(s) for which you are requesting accommodation(s)

Disability Duration: (Check One) Temporary Permanent

Have you requested accommodations from your direct supervisor? Yes No

Are you using any disability leave programs through Human Resources such as Non-Industrial Disability Insurance (NDI), Family and Medical Leave (FML), etc.?
 Yes
 No

If yes, please state which program you're using.

Do you have an open or pending Worker's Compensation claim) for this/these condition(s)?
 Yes No my claim is completed or closed

If your claim is completed, please state any modifications/accommodations you receive through Worker's Compensation

Under the ADA, a disability is a "Physical or Mental Impairment that substantially limits one or more of the major life activity of such individual." Major life activities are such functions as performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This list of major life activities is meant to be illustrative rather than exhaustive.

What major life activity limitation is impacting your ability to perform your job?

Which job duties, if any, are being impacted?

I would like to learn about/request the following reasonable accommodations

- | | |
|---|---|
| <input type="checkbox"/> Adaptive Equipment (headset, ergonomic keyboard, etc.) | <input type="checkbox"/> Job Restructuring |
| <input type="checkbox"/> Assistive Technology (JAWS, ZoomText, Dragon Naturally Speaking, etc.) | <input type="checkbox"/> Student Assistant |
| <input type="checkbox"/> Ergonomic Assessment | <input type="checkbox"/> Media Captioning |
| <input type="checkbox"/> Document Conversion (e.g., electronic, audio, etc.) | <input type="checkbox"/> Mobility/Shuttle Services |
| <input type="checkbox"/> Classroom Relocation | <input type="checkbox"/> Interpreter/Real Time Captions |
| <input type="checkbox"/> Campus parking | <input type="checkbox"/> Other: (please specify) |
| <input type="checkbox"/> Modified Work Schedule | |
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Please describe how these accommodation(s) would assist you in the workplace.

***Please note that your request, if approved, will be finalized via a DPRC reasonable accommodation letter and an interactive accommodation meeting with you and your manager of record.**

Employee's signature:

Date

Please provide any medical or professional verification(s) of disability to the Disability Programs and Resource Center, Employee Accommodations, Student Services Building Room 110. For additional information or clarification, contact Trey Duffy at **(415) 405-3583** or dprcemp@sfsu.edu. Website: <http://access.sfsu.edu/content/employee-accommodations>

Keep a copy of this form for your records.