



**STUDENT AFFAIRS & ENROLLMENT MANAGEMENT  
DISABILITY PROGRAMS AND RESOURCE CENTER**

1600 Holloway Avenue, SSB 110 | San Francisco, CA 94132  
Office: 415/338-2472 | Fax: 415/338-1014  
Email: [dprc@sfsu.edu](mailto:dprc@sfsu.edu) | Web: <http://access.sfsu.edu/>

**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>

**Date of Request:**

**A. Contact Information**

Name		Employee ID	
Phone	Work Phone	E-mail	
Preferred Method of Contact (check all that apply)	Phone	Work Phone	e-mail
Special Instructions: (e.g., do not leave messages on work phone, etc.)			

**B. Employee Information**

Current Work Schedule

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

Job Title

Department

Building/Room

College/Division



What limitations are affecting your ability to perform your job?

Per your position description, what job duties are impacted?

What accommodations would enable you to do your job?

Are there accommodations you have used in the past or are currently using?

**\*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 **(415) 338-2377** or [dprcemp@sfsu.edu](mailto:dprcemp@sfsu.edu). Website: <http://access.sfsu.edu/content/employee-accommodations>

**Keep a copy of this form for your records**

**This form must be completed and submitted to DPRC office (not HR)**