



STUDENT AFFAIRS & ENROLLMENT MANAGEMENT
DISABILITY PROGRAMS AND RESOURCE CENTER

1600 Holloway Avenue, SSB 110 | San Francisco, CA 94132
Office: 415/338-2472 | Video Phone: 415/335-7210 | Fax: 415/338-1041
Email: dprc@sfsu.edu | Web: <https://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: <https://access.sfsu.edu/eas>

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 (mark one choice in each of the three categories):

Part-time

Full-time

and

Exempt

Non-Exempt

and

Staff

Faculty

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 reasons why you are requesting accommodation(s) (i.e., limitations, impairments, restrictions, injuries)

Disability Duration: (Check One) Temporary Permanent

Have you requested accommodations from your direct supervisor? Yes No

If Yes, with what result / response:

Have you applied for or 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:

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 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. Website: <https://access.sfsu.edu/eas>

Keep a copy of this form for your records

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