

**ACCOMMODATION REQUEST
FOR DISABILITY OR SERIOUS MEDICAL CONDITION**

**WSU HUMAN RESOURCE SERVICES
FRENCH ADMINISTRATION 139
PULLMAN, WA 99164-1014**

To ask for accommodation, complete, print, and sign this form. Attach additional pages as needed. See BPPM 60.21 for instructions. Contact Human Resource Service for questions; telephone 509-335-4521; e-mail to hrs@wsu.edu .

NAME (Last, first, middle initial)		WORK E-MAIL ADDRESS	WSU ID NO.
HOME ADDRESS		HOME E-MAIL ADDRESS	HOME TELEPHONE
DEPARTMENT	JOB TITLE	WORK TELEPHONE	WORK LOCATION/BUILDING
SUPERVISOR NAME	SUPERVISOR TELEPHONE	EMPLOYEE TYPE <input type="checkbox"/> Faculty <input type="checkbox"/> Administrative Professional <input type="checkbox"/> Classified Staff <input type="checkbox"/> Other	
FUNCTION(S) OF THE JOB WHICH YOU ARE UNABLE TO PERFORM DUE TO LIMITATIONS OF DISABILITY (Identify and describe.)			
ACCOMMODATIONS WHICH YOU ARE REQUESTING DUE TO DISABILITY OR SERIOUS MEDICAL CONDITION; (Check all that apply)			
<input type="checkbox"/> Assistive equipment. If known, describe equipment needed:			
<input type="checkbox"/> Facilities modification (e.g., doors widened, ramps installed). Describe:			
<input type="checkbox"/> Interpreter (Sign language) or reader.			
<input type="checkbox"/> Classroom reassignment. Describe (included current and desired classroom assignment):			
<input type="checkbox"/> Disability parking or transportation <input type="checkbox"/> This accommodation previously established with Parking Services on (enter date) _____. <input type="checkbox"/> Disability parking permit. If you have WA State disability parking tags, enter tag number _____ and expiration date _____. <input type="checkbox"/> Alternate transportation (Dial-A-Ride) Duration requested: (Check one) <input type="checkbox"/> Short-term (6-8 weeks) <input type="checkbox"/> Long-term			
<input type="checkbox"/> Leave of absence or intermittent leave use Duration requested (enter dates): From: _____ until: _____			
<input type="checkbox"/> Reduction in work schedule Duration requested (enter dates): From: _____ until: _____			
<input type="checkbox"/> Other change in work schedule. Describe:			
<input type="checkbox"/> Modification of job duties Duration requested (enter dates): From: _____ until: _____ Describe modification requested:			
<input type="checkbox"/> Other accommodation. Describe:			
EMPLOYEE SIGNATURE			DATE

**Attach a copy of the position description for the job listed above. Do not include diagnosis or medical information.
NOTE: HRS may request medical documentation or verification in order to complete response to this request.
Keep a copy of the form for your records. Submit the original to Human Resource Services.**