

Northeastern State University

Office of Human Resources

Request for Accommodation

This form will assist you with initiation of your request for reasonable accommodations under the Americans with Disabilities Act (ADA) and the ADA Amendments Act (ADAAA). Evaluation of your request will require additional information concerning your disability, essential job functions, applicable limitations and the accommodation you are requesting. Please complete the information below, sign and send to the Office of Human Resources. You will be contacted for additional information and given additional forms such as a medical certification that will need to be completed by your medical provider.

Employee Information	
Last Name	First Name
Department	Campus
Job Title	Supervisor
Disability and Accommodation Information	
Detail the nature of the disability.	
What are the limitation(s) to performing essential function(s) of your job?	
What specific accommodation(s) are you requesting? Please include equipment, supplies, aids, services or time.	

I understand and agree that it is my responsibility to provide additional information and documentation for my request to be evaluated. I give permission for Northeastern State University to review the medical information provided in the course of this request. My contact for additional information is the Office of Human Resources.

Signature	Print Name	Date
-----------	------------	------

Office of Human Resources Use Only	
Date Request Received	Date Medical Certification and Job Description Provided
Name of HR Representative	Method Certification Sent
Comment	