The California State University
OFFICE OF THE CHANCELLOR

Human Resource Services
Request for Reasonable Accommodation – Employee or Applicant

The purpose of this form is to assist the Human Resource Services in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of his or her job safely and effectively or for a job applicant with a disability to participate in the application process.

Name: _____ Phone Number: _____

Working Job Title/ Position Applying for: _____

Supervisor: _____

Department: _____

I **need an accommodation:**

- ❑ To participate in programs, services, activities, or events,
- ❑ To complete the employment application process,
- ❑ To perform essential job functions, or
- ❑ To have the same benefits and privileges as non-disabled employees.

Disabling condition(s):

Please mark one of the following:

☐ Permanent Disability ☐ Temporary Disability (*if so, duration of condition*)

Has disability been verified? Please indicate in what form (e.g., statement form medical doctor, health practitioner, rehabilitation professional) and attach.

Please describe, in detail, the problem or issue for which you are requesting accommodation.
If related to the performance of job responsibilities, state the task(s) for which you need an accommodation, and describe the difficulty you have performing that task.

What type(s) of accommodations do you feel would be effective? *If auxiliary assistance is being requested (e.g., reading/note taking…), please describe the function for which assistance is being requested.*

What is the anticipated cost of these accommodations?

Auxiliary Assistance: $ _____

Cost per hour: _____ Hours per week: _____ Weeks per year: _____

NOTE: ***In the event services approved and funded are not utilized due to the negligence of the requestor, then the requestor shall be responsible for payment of any funds expended on their behalf.***

Equipment: $ _____

Specify equipment vendor and cost in as much detail as possible. Please list all components and prices separately. Alternative documentation should be attached to this form.

Describe how equipment will be utilized.

NOTE: *Departments are expected to provide maintenance and repair for all equipment.*

Signature: _____ Date: _____

Please submit this form to the Senior Director of Human Resource Services. Your request will be given thorough consideration. Alternatives may be discussed with you or you may be contacted for additional information before a decision is reached. As soon as a decision is reached, you will be informed by the Senior Director of Human Resource Services.

Please contact Human Resource Services at (562) 951-4070 if you have questions.

- ❑ Approved _____ Matching Funds: $ _____ Date: _____
- ❑ Not Approved
- ❑ Discuss