



Employee Request for Disability Related Accommodations

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The following information is needed 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, CSU East Bay is ultimately responsible for determining the reasonableness of an accommodation, in accordance with provisions contained in State and Federal laws.

PART I: (To be completed by Employee- one form for each accommodation request)

Name: Dept: Work Phone:

Job Title: Supervisor/Chair: Work Phone:

Has your disability been verified by a physician, healthcare practitioner, rehabilitation professional, or learning disabilities specialist? Yes No

Is your Disability Permanent Temporary Unknown If Temporary, anticipated ending date:

Activity or activities your impairment limits:

Three horizontal lines for describing impairment limits.

Please list Essential job function(s) for which accommodation is being requested:

Two horizontal lines for listing essential job functions.

Accommodation(s) Requested (Please be specific):

Two horizontal lines for describing requested accommodations.

* If Temporary, expiration date as verified by documentation: (mm/dd/yy)

I verify that the above information is true and correct to the best of my knowledge and agree to allow this information to be reviewed by the necessary parties to enable my accommodation.

Employee Signature: Date:

Send to Iris Gallardo, Human Resources & Payroll Services Date Received

Requests for Sign Language Interpreters should be submitted directly to Pamela Baird, Accessibility Services