CALIFORNIA STATE UNIVERSITY
EAST BAY

Risk Management & Internal Controls

Employee Request for Disability Related Accommodations

Jill Millican, SA 1604 Phone: (510) 885-4227
Fax: (510) 885-4908

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:

_____

_____

_____

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

_____

_____

Accommodation(s) Requested (Please be specific):

_____

_____

_____

** 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 Jill Millican, Risk Management & Internal Control Date Received_____

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