



Office of Human Resources

### Reasonable Accommodation Request Form

The following information is required if you wish 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, Humboldt State University is responsible for providing *reasonable accommodations* in accordance with provisions contained in the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act as amended, and the Fair Employment and Housing Act (FEHA). Temporary disability such as a sprained wrist or a broken leg may not be considered a qualifying disability.

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**Employee's Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Phone Extension:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

Has your disability been verified by a physician, healthcare practitioner, rehabilitation professional, or learning disabilities specialist?

Yes

No

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Types of Reasonable Accommodation Requested:

Adaptive Equipment

Job Restructuring

Equipment not Normally Provided

Leave

Assistive Technology (Hardware/Software)

Information in alternative format

Student Assistant

Reader

Interpreter

Driver

Modified Work Schedules

Other:

Describe your essential job functions(s) for which reasonable accommodation is being requested:

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If requesting a Student Assistant, please include:

Hours per week \_\_\_\_\_

Weeks per year \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_