



- 4. I have had the following accommodation(s) in the past for this same disability or impairment(s):
  
  
  
  
  
  
  
  
  
  
- 5. The following is additional information that may be useful in processing my accommodation request:

\_\_\_\_\_ Date

Employee Name (print) and Signature \_\_\_\_\_

Employee Title: \_\_\_\_\_

Employee’s Supervisor Name: \_\_\_\_\_

Employee’s Daytime Telephone No. \_\_\_\_\_

Please complete and return this form to:  
**Human Resources Department**  
**Room 123, Knapp Hall.**

*Created 03/2025*