EMPLOYEE REQUEST
FOR A
REASONABLE ACCOMMODATION

This form may be used to assist you when requesting a reasonable accommodation due to a disability. Making a request is the start of the process, and the Medical Response for Reasonable Accommodation Request form will need to be completed by you and your physician or treating provider.

Please complete the following and provide a copy to your Supervisor/Chair, and email a copy to Elizabeth Delo, Workplace Accommodations Coordinator, at elizabeth.delo@hr.ucsb.edu or fax: 805-893-8269.

Date: ____________________

Employee Name: ________________________________________________________________

Job Title: ________________________________________________________________

Department: ________________________________________________________________

Supervisor’s Name: _____________________________________________________________

DO NOT REVEAL ANY MEDICAL DIAGNOSIS
Without providing diagnostic information, describe your functional limitation(s) as it relates to your job duties:

What is your request for reasonable accommodation? (I.e. reduce hours; change furniture/equipment, etc.)