



office for **EQUAL**
OPPORTUNITY

Disability Services Office

**Request for Eligibility Review
Form EEO-009**

NC STATE UNIVERSITY

To the Employee:

To initiate a disability eligibility review, please complete this form AND have an appropriate and qualified diagnostician complete the EEO -010. Both forms should be sent directly to:

Dr. Cheryl R. Branker

ADA Coordinator

NC State University

Campus Box 7509

Raleigh, NC 27695-7509

FAX: 919-513-2840

Questions may be directed to Dr. Branker at 919-513-3768 or cheryl_branker@ncsu.edu

EMPLOYEE INFORMATION

Name: _____ **Employee ID Number** _____

Job Title: _____ **Work Unit:** _____

Work Phone: _____ **Work Location:** _____

Supervisor: _____ **Email Address:** _____

Work Schedule: (Days & Hours): _____

INFORMATION ABOUT YOUR PHYSICAL OR MENTAL IMPAIRMENT

- ADHD
- Blindness
- Brain injury
- Deafness
- Developmental
- Digestive
- Endocrine/Nutritional/Metabolic
- Genitourinary
- Hard of Hearing
- Low vision
- Neurological
- Orthopedic
- Physical
- Psychological
- Respiratory
- Speech
- Other Explain: _____

If determined eligible for accommodations, I understand that I will be registered with the Disability Services Office at NC State University as an employee with a disability. This determination is not binding on other places of employment.

Signature: _____

Date: _____