



# Accommodation Request Form

Form EEO-009

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## To the Employee:

To initiate this request, please complete this form and Form EE0-010, the Documentation of Disability Form. Forward this form to your supervisor. Have your physician or medical provider send Form EEO-010 directly Dr. Cheryl Branker, Associate Vice Provost and Director of Disability Compliance Programs, 1900 Student Health Center, NCSU, Raleigh, NC 27695-7509. Questions may be directed to Dr. Branker at 919-513-3768.

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## Employee Information:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Classification/Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

College/Division: \_\_\_\_\_ Department: \_\_\_\_\_

Work Schedule (Days & Hours): \_\_\_\_\_

Work Location: \_\_\_\_\_

## Accommodation Request Information: *(Please attach additional sheets as necessary.)*

1. Describe the limitation(s) due to your disability that impacts the performance of your job.

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2. How does the limitation(s) described above affect your job?

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3. What is your recommended accommodation? *(Please include alternatives.)*

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Signature: \_\_\_\_\_

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