

COLGATE UNIVERSITY
Reasonable Accommodation Request Form for Faculty and Staff

This form will be used to initiate an interactive and deliberate process in order to determine reasonable accommodations. Please return it to Human Resources where it will be maintained in a confidential file and the information will not be shared with anyone without your expressed knowledge. You should expect to hear back from HR within 10 days of submission. In the meantime, if you have any questions, please be sure to contact Human Resources. Thank you.

Name: _____ Email: _____
Job Title & Department: _____ Phone: _____

Questions to document the reason for the accommodation request

Describe your limitation. _____

What, if any, job functions or responsibilities are you having difficulty performing? _____

What, if any, employment benefits or resources are you having difficulty accessing? _____

Have you had any assistance or accommodations related to the same limitation? If yes, please explain. _____

Have you discussed your needs with a supervisor/administrator? If so, who and when? _____

Questions to specify possible accommodations

What specific accommodation are you requesting? _____

Are you requesting a short term or long term accommodation? _____

How will the accommodation serve your need/address your limitation? _____

If you are not sure what accommodation is needed, do you have suggestions about possible options we can consider? _____

Additional information/ documentation

Please provide any additional information that might be useful in processing your request. This includes current and complete documentation from an appropriate qualified professional(s) (e.g., health care professional or rehabilitation specialist) who has evaluated and treated you and can describe your functional limitations and possible accommodations to be considered. Please note that documentation from a family member is not considered appropriate.

Signature _____ Date _____