

ACCOMMODATION REQUEST FORM

This form is to be used to request disability or religious accommodations. Information provided to the Office of Employment Equity will be maintained in confidence and divulged only to the extent necessary.

Name: _____

Title: _____

Department: _____ Campus: _____

Phone: _____ Work Home Cell

Email: _____

Status: Staff Other: _____ Employment Date: _____

Supervisor Name: _____

Campus Phone: _____ Email: _____

Type of Accommodation Requested:

Religious Disability (select one or both)

Physical Mental

Do you have a note from your Health Care Provider? Yes (please attach) No

Briefly describe the accommodation being requested:

If you have sought assistance from your supervisor, or from any other person, please provide the date and the result:

Signed: _____ Dated: ____/____/____

Please return this form to:

Office of Employment Equity - 57 US Highway 1, ASB II - Cook Campus Phone: 848-932-3973 Fax: 732-932-0049