

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: _____	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email: _____	
Status: <input type="checkbox"/> Staff <input type="checkbox"/> Faculty: _____	Employment Date: _____
Supervisor Name: _____	
Campus Phone: _____	Email: _____
Type of Accommodation Requested:	
<input type="checkbox"/> Religious <input type="checkbox"/> Disability (select one or both)	
<input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Learning	
Do you have a note from your Health Care Provider? <input type="checkbox"/> Yes (please attach) <input type="checkbox"/> 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