

Campus Disability Resource Center

Employee Accommodation Request Form

This form must be completed and submitted to the ADA/504 Coordinator in the Campus Disability Resource Center when an employee wishes to make a request for accommodation due to a disability or condition. To be eligible for a reasonable accommodation under the Americans with Disabilities Act Amendments Act (ADAAA, 2008), the employee must be qualified to perform the essential functions of their position with or without an accommodation and have a qualifying disability or condition that impacts a major life function or a major bodily function. All medical-related information shall be kept confidential and maintained separately from other personnel records. However, supervisors and managers may be consulted as related to unit function/mission and the employee's specific duties and functions. Medical information may be shared with appropriate first responders should the employee become incapacitated during a medical emergency and require treatment or if any specific procedures are needed in the case of fire or other evacuations.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

Once the university has been notified that an employee wishes to enter the accommodation process, a meeting will be scheduled with the employee and ADA/504 Coordinator to begin the interactive process and discuss the accommodation request. The employee's supervisor will also be included in the interactive process. More information on the university's process and resources can be found on the [Campus Disability Resource Center's](#) website. Individuals in need of a telecommunications relay service may contact the California Relay Service at (877) 735-2929 TTY. Individuals in need of assistance completing this form may contact the ADA/504 Coordinator at (707) 826-4678.

[California State University's \(CSU\) Nondiscrimination Policy](#)

If you have any questions, contact:

Cal Poly Humboldt
Campus Disability Resource Center
Lower Library, Suite 5
Arcata, CA 95521
Phone: (707) 826-4678
Email: ada@humboldt.edu



Employee Information

* Indicates required field

Name: *

Humboldt ID: *

Department: *

Job Title (if applicable):

Supervisor:

Disability Information

List all disabilities or conditions that apply and describe the nature, severity and duration of each disability or condition. *

Does the disability or condition substantially limit a major life activity? * Yes No

If yes, please check the major life activity or activities that apply:

Bending	Learning	Sleeping
Breathing	Lifting	Speaking
Caring for Self	Performing Manual Tasks	Standing
Concentrating	Reaching	Thinking
Eating	Reading	Walking
Hearing	Seeing	Working
Interacting with Others	Sitting	
Other (please describe):		

Does the disability or condition substantially limit a major bodily function? * Yes No

If yes, check the major bodily function or functions that apply:

Bladder	Genitourinary	Operation of an Organ
Bowel	Hemic	Reproductive
Brain	Immune	Respiratory
Cardiovascular	Lymphatic	Special Sense Organs & Skin
Circulatory	Musculoskeletal	
Digestive	Neurological	
Endocrine	Normal Cell Growth	
Other (please describe):		

Describe the impact of the disability or condition in the context of the work environment and how it limits your ability to perform the essential functions of your position. Note: Essential functions or duties are those that are the primary responsibilities of your position. *

Accommodation(s) requested: *

Please add any additional information you think may be relevant to your request.

Employee Acknowledgment

I affirm that the information I have provided on this form is accurate and that I am formally requesting to enter the accommodation process. *

Employee Signature

Date