



Human Resources

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please Check One:** Applicant ( )

Employee ( ) WFU ID# \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

**REASON ACCOMMODATION IS NEEDED (MEDICAL CERTIFICATION MAY BE REQUESTED):**

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**PLEASE SPECIFY ACCOMMODATION THAT WOULD MEET YOUR NEED:**

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

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



REMAINING SECTIONS TO BE COMPLETED BY HUMAN RESOURCES REPRESENTATIVE

HR Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_ Accommodation is necessary to enable the individual to perform the essential functions of the job

\_\_\_ Accommodation is necessary to enable the individual to enjoy equal benefits and privileges of employment

\_\_\_ No reasonable accommodation is available

\_\_\_ Not applicable to content of policy on Nondiscrimination of the Basis of Disability

\_\_\_ Accommodation would cause undue hardship

\_\_\_ Medical certification requested \_\_\_ Medical certification received Date: \_\_\_\_\_

\_\_\_ Unable to make a decision regarding accommodation \*

\_\_\_ Alternate accommodation discussed

ACCOMMODATION OFFERED IS:

\_\_\_\_\_  
\_\_\_\_\_

Accommodation: \_\_\_ Accepted \_\_\_ Declined

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ HR Representative notified employee's supervisor

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_