



## REQUEST FOR REASONABLE ACCOMMODATION

Last name, First name:	Job title:
Supervisor/Department chair:	Department:
Office location:	Home number:
Office number:	Cell number:
Status of Position: Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator (MPP) <input type="checkbox"/> Temporary <input type="checkbox"/> Applicant <input type="checkbox"/> Full Time: <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract <input type="checkbox"/> If contract indicate ending date: _____	
<b>MEDICAL SECTION</b>	
Identify Limitation: Is your disability: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Unknown <input type="checkbox"/>	
If temporary, anticipated ending date: _____	
Functional limitation: (e.g. standing, walking, sitting, seeing, hearing, carrying)	
Medical documentation or nature of disability: Attached <input type="checkbox"/> Will be sent <input type="checkbox"/> Already on file with Disability Manager <input type="checkbox"/>	
Please describe in detail, the challenge or issue for which you are requesting an accommodation. (e.g. help with moving furniture)	
Accommodation requested: (Please be specific)	
I verify that the above information is true and correct to the best of my knowledge and agree to allow this information be reviewed by the appropriate parties to assess my request for a reasonable accommodation.	
<b>Employee signature:</b> _____ <b>Date:</b> _____	

\*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 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. "Genetic information:" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**Return this form to:** California State University, Fullerton/ Division of Human Resources, Diversity and Inclusion  
 Total Wellness, P.O. Box 6806, Fullerton, CA 92834-6806