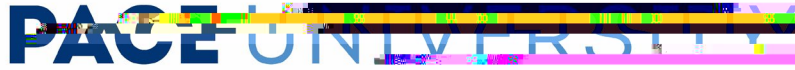


# Workplace Accommodation Request Form

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5 H T X H V W W R F R Q W L Q X H H [ W H Q G D Q D S S U R Y H G D F F R P P R G D W L

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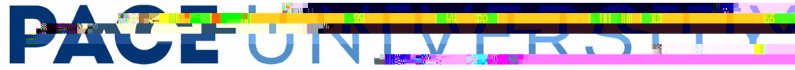
\$ F F R P P R G D W U R Q X H V W (include all relevant details):

If applicable, please describe the condition for which you are requesting an accommodation:

Is your condition temporary, permanent, or unknown?

If the condition is temporary, what is the anticipated date you will no longer need the accommodation(s)?

(( P S O R \ H H V 2 0 0 ) please describe your core/primary job functions.



Requestor Signature:

Date:

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My signature confirms that, to the best of my knowledge, all the information provided above is accurate. It also certifies my agreement to adhere to the University's Workplace Accommodation Policy demonstrating by cooperation with the authorized University representative (i.e. Employee/Labor Relations and Engagement Department Representative and/or Reliance Matrix ADA Specialists ) assigned to my request, including providing medical/supporting documentation in a timely manner, where applicable.

I understand that I may not be granted the specific accommodation I have requested, and that the University may approve a reasonable alternative if necessary.

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Accommodations are determined, identified and implemented in a collaborative

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