

**WESTERN MICHIGAN UNIVERSITY
REQUEST FOR REASONABLE ACCOMMODATION**

EMPLOYEE'S NAME (PLEASE TYPE OR PRINT)	JOB TITLE	DEPARTMENT/OFFICE
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I hereby request disability accommodation to help me perform the essential functions of my current position at Western Michigan University.

Please note that this information will be maintained in a confidential file.

Current Position:

Grade: _____ Title: _____

Department: _____

Essential Duties of your Position:

Describe the essential duties of your position for which you seek accommodation:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Provide a description of the disability's functional impairment(s):

Reasonable Accommodation Request:

Describe the accommodation you seek:

Describe how the accommodation will enable you to perform the essential functions of your position:

List Other Skills You May Have: *(attach a copy of an updated resume if you have one):*

Employee Signature

Date

Work Location

Phone

Please submit the original request form to the ADA Coordinator at mailstop 5405 or Fax #: (269) 387-6312 (confidential fax). If you have any questions regarding the completion or processing of this form, please call (269) 387-6316.