

## REQUEST FOR REASONABLE ACCOMMODATION

<b>Last Name, First Name:</b>		<b>Job Title:</b>	
<b>Supervisor/Department Chair:</b>		<b>Department:</b>	
<b>Office Location/Number:</b>		<b>Home Number:</b>	<b>Cell Number:</b>
<b>Office Number:</b>			
<b>Position Type:</b>	<b>Faculty</b> <b>Full-Time</b>	<b>Staff</b> <b>Part-Time</b>	<b>MPP</b> <b>Contract</b> - If contract, indicate end date: _____
		<b>Temporary</b>	<b>Applicant</b>
<b>Medical Information</b>			
<b>Is your medical condition/disability:</b> <b>Long-Term</b> <b>Short-Term</b> <b>Unknown</b>			
<b>If short-term or unknown, indicate anticipated end date or check-in date:</b> _____			
<b>Functional Limitation:</b> (e.g. standing, walking, sitting, hearing, carrying, etc.)			
<b>Status of Medical Documentation:</b> <b>Attached</b> <b>Will be sent</b> <b>Already on file in HR</b>			
<b>Please describe in detail the challenges or issues for which you are requesting an accommodation:</b> (e.g. help moving furniture, no prolonged standing/sitting, etc.)			
<b>Accommodation requested:</b> (Please be specific)			
I confirm that the information above is true and correct to the best of my knowledge and agree to allow this information to 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: [Faculty Affairs: AA-FacultyLOA@csulb.edu](mailto:AA-FacultyLOA@csulb.edu)