

## REQUEST FOR REASONABLE ACCOMMODATION

Last Name, First Name:	Job Title:		
Supervisor/Department Chair:	Department:		
Office Location/Number:	Home Number:	Cell Number:	Office Number:
<b>Position Type:</b>	Faculty Full-Time	Staff Part-Time	MPP      Temporary      Applicant Contract - If contract, indicate end date: _____
<b>Medical Information</b>			
Is your medical condition/disability:      Long-Term      Short-Term      Unknown			
If short-term or unknown, indicate anticipated end date or check-in date: _____			
Functional Limitation: (e.g. standing, walking, sitting, hearing, carrying, etc.)     			
Status of Medical Documentation:      Attached      Will be sent      Already on file in HR			
Please describe in detail the challenges or issues for which you are requesting an accommodation: (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.			
Employee Signature: _____		Date: _____	

\*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:Faculty Affairs: AA-FacultyLOA@csulb.edu)