

BOISE STATE UNIVERSITY
REQUEST FOR REASONABLE ACCOMMODATION
(This is a confidential form in compliance with University Policy and the ADA)

1. **NAME:** _____
2. **CAMPUS EXTENSION:** _____ **HOME TELEPHONE:** _____
3. **POSITION:** _____
4. **DEPARTMENT:** _____
5. **SUPERVISOR/DEPARTMENT HEAD:** _____
Campus Extension: _____
6. **NATURE OF THE QUALIFYING DISABILITY:**

7. **REQUESTED OR SUGGESTED ACCOMMODATION:** (Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.

8. **PHYSICIAN CONTACT INFORMATION** (Please provide name, address and telephone information) Your physician will receive a letter from us requesting information on your impairment/disability and suggestions for accommodations

I authorize the release of confidential medical information regarding my disability to University administrators as deemed appropriate by Human Resource Services.

Signature: _____ **Date:** _____

ADA Review Committee Determination

_____ Accommodation request denied

Comments

_____ Accommodation described below has been approved

Approved reasonable accommodation:

The accommodation shown above will be reviewed _____ (Date), or as needed, for continued appropriateness.

Signature: _____ **Date:** _____
ADA Committee Chair