**WESTERN MICHIGAN UNIVERSITY**

# REQUEST FOR REASONABLE ACCOMMODATION

**Employee’s Name (please type or print)** **JOB TITLE** **DEPARTMENT/OFFICE**

I hereby request disability accommodation to help me perform the essential functions of my current position at Western Michigan University.

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| ***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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Reasonable Accommodation Request**:

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**Describe the accommodation you seek:**

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

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

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*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.**