



# Employee Accommodation Request Form

Payroll/Benefits/HRIS  
3<sup>rd</sup> Floor  
One Park Place  
Georgia State University  
P.O. Box 3982  
Atlanta, GA 30303-3083  
(404) 413-3330  
FAX (404) 413-3335

Reasonable accommodations may be needed to provide equal access and opportunities to qualified individuals with disabilities. If you are a University employee with special needs that are the result of a disability and you believe that reasonable accommodations will assist you in the performance of your job, please complete this form and return it to the address listed at the bottom of the page.

EMPLOYEE NAME \_\_\_\_\_ Employee ID \_\_\_\_\_ FTE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

COLLEGE/DEPT \_\_\_\_\_ PHONE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

WORK SCHEDULE (DAYS AND HOURS) \_\_\_\_\_

**Please use back of sheet if you need more room to answer any questions listed below.**

1. Please describe the physical, mental, or cognitive impairment(s) that limit your ability to do your job. \_\_\_\_\_  
\_\_\_\_\_
2. Describe the accommodations you are requesting. Be as specific as possible (i.e. If you are requesting a piece of equipment or a device, please provide description, manufacturer, cost, where to order) \_\_\_\_\_  
\_\_\_\_\_
3. Describe how the requested accommodations will enable you to perform your job. \_\_\_\_\_  
\_\_\_\_\_
4. Please provide any other information that might help Georgia State University evaluate your request. \_\_\_\_\_  
\_\_\_\_\_

I give Georgia State University permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate University personnel and/or my health care professional. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that I will be required to provide appropriate documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_