



Office of Human Resources
 Ithaca College
 Peggy R Williams Center
 953 Danby Road
 Ithaca, NY 14850
 (607)274-3245

Accommodation Request Form

Return Completed Form to Employee Benefits & Work/Life

Information on this form is considered confidential and is maintained separately from the Employee's Personnel Records

Employee Name:	Employee Title:
Campus Address:	Campus Phone:
E-mail:	Alternative Phone:
Supervisor:	Supervisor's Phone:

Please identify and/or describe your disability.

Please describe in detail how your disability affects your ability to perform your work duties. If you need an accommodation to attend a particular event or to participate in a specific program, provide the date(s), location(s), and all other relevant information. (Please use additional paper as needed.)

Please provide any comments you feel may be helpful in the consideration of your request including specific suggestions for accommodation and how they will enable you to perform your work duties.

Employee Signature:

Date:

For Office Use Only

DSC: _____

Supervisor Contacted: _____

Request Received: _____

Discussion Held: _____

Documentation Requested: _____

IAP/Notification Sent: _____

Documentation Received: _____

