

YESHIVA UNIVERSITY
DISABILITY ACCOMMODATION REQUEST FORM

To request an accommodation, please print, complete and sign Section I of this form. If you have any questions about disability accommodations, please contact _____.			
SECTION I: To be completed by Employee			
Name (Last)	(First)	(M.I.)	Job Title
Department		Work Days/Hours	
Name of Immediate Supervisor			Supervisor Phone #
Employee Signature			Date of Request
I have the following disability or serious medical condition (i.e. visual impairment, hearing impairment, emphysema, etc.):			
My disability or serious health condition impedes my ability to perform my essential job duties in the following way (attach additional pages if necessary):			
I am requesting the following accommodation due to a disability or serious medical condition (attach additional sheets if necessary):			
SECTION II: To be completed by the University			
Accommodation Request is <input type="checkbox"/> Approved <input type="checkbox"/> Modified <input type="checkbox"/> Denied			
Please provide an explanation if accommodation request is <i>modified or denied</i> (attach additional sheets if necessary):			
Name/Title:		Cost of Accommodation:	
Signature:		Date:	

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