Wilmington College

HANDS-ON LEARNING. HANDS-ON LIVING.

REQUEST FOR ACCOMMODATION

The purpose of this form is to document your request for reasonable accommodation to enable you to perform the essential functions of your job. In order to evaluate your request, we will need information regarding your disability, your functional limitations and your requested accommodation(s). Please complete and return this form to Human Resources.

General Information

_____ _____

Name (Last) (First) (MI) Employee ID Number

_____ _____

Job Title Work Telephone Number

_____ _____

Department/Division Home Telephone Number

Disability and Accommodation Information

Describe the nature of your disability: _____

_____

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Specify your functional limitations with respect to your disability: _____

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Specify the nature of your requested accommodation(s), including any equipment, aids or services:

_____

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Attach current professional evidence documenting the disabling condition and verifying need for the requested accommodation.

A determination regarding your request will be made within thirty working days of receipt of this form in the Human Resources Office. If you wish to appeal the determination, you may file a complaint through the College discrimination complaint procedure.

Employee Signature _____ Date _____

Office Use: Date Received _____ Supervisor's Comments: