COLGATE UNIVERSITY
Reasonable Accommodation Request Form for Faculty and Staff

This form will be used to initiate an interactive and deliberate process in order to determine reasonable accommodations. Please return it to Human Resources where it will be maintained in a confidential file and the information will not be shared with anyone without your expressed knowledge. You should expect to hear back from HR within 10 days of submission. In the meantime, if you have any questions or need assistance completing the form, please be sure to contact Human Resources at 315-228-7565 or benefits@colgate.edu. If it would be easier to provide the information in another format please submit the request to benefits@colgate.edu. Thank you.

Name:_____

Job Title/ Department:_____

Email: _____

Phone:_____

Questions to document the reason for the accommodation request

Describe your limitation.

What, if any, job functions or responsibilities are you having difficulty performing?

What, if any, employment benefits or resources are you having difficulty accessing?

Have you had any assistance or accommodations related to the same limitation? Please explain.

Have you discussed your needs with a supervisor/administrator? If so, who and when?

Questions to specify possible accommodations

What specific accommodation are you requesting?

Are you requesting a short term or long term accommodation? Please provide an estimated length of time you may need the accommodation.

How will the accommodation serve your need/address your limitation?

If you are not sure what accommodation is needed, do you have suggestions about possible options we can consider?

Additional information/ documentation

Please provide any additional information that might be useful in processing your request. This includes current and complete documentation from an appropriate qualified professional(s) (e.g., health care professional or rehabilitation specialist) who has evaluated and treated you and can describe your functional limitations and possible accommodations to be considered. Please note that documentation from a family member is not considered appropriate.

Signature _____ Date _____