

North Dakota State University
Employee Request for Reasonable Accommodation
on the Basis of Disability
(see NDSU Policy 168)

Employee:

*1. Complete this form and submit it to your supervisor **within one week** of the date you verbally request an accommodation from your supervisor.*

*2. Arrange to have an appropriately certified or licensed health care or rehabilitation professional complete the Documentation Request Form and submit it to the Office of Human Resources, Old Main 205, **within two weeks** of the date you verbally request an accommodation from your supervisor (if an extension of this time line is needed, please see the Benefits Coordinator in the Office of Human Resources).*

NOTE: This information will be maintained in a confidential file separate from your official personnel and payroll file.

Employee name:

EmpID:

In order to perform the essential functions of my position, I am requesting the following reasonable accommodation(s):

Signature

Date