

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, 205 Old Main, ***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 the your official personnel and payroll file.*

Employee name _____

NAID or SS# _____

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

Signature

Date _____