

KEAN UNIVERSITY
Office of Human Resources

REQUEST FOR ACCOMMODATION FORM

This form should be completed by employees requesting a reasonable accommodation in accordance with New Jersey State Law and the American with Disabilities Act, a Federal law. Employees should submit the completed form to the Office of Human Resources, and attach relevant medical certification. (For all questions, attach additional pages or material, if necessary.)

1. Name _____ 2. Date of request: _____
3. Mailing Address: _____
4. Daytime Telephone No.: _____
5. Title: _____
6. Department/Division: _____

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation. The information you provide will be treated confidentially.

- A. What are the limitations caused by your condition(s) that you are currently experiencing? Please attach written verification of these limitations from your doctor.

- B. Given your limitations, what parts of the job you now hold are too difficult for you to do?

- C. What accommodations are needed in the performance of the job duties?

Employee's Signature

Date