

## **REQUEST FOR REASONABLE ACCOMMODATION**

Your Name					
Today's Date	Your Job Title or NA	<u>PAT</u> Your Star	OS tus (check o	FAC	
Your Department and	Work Number or NA				
Your Supervisor/ Dept	. Chair's Name or NA				
Your Preferred Telephone Contact		Your Preferred E	Your Preferred Email Contact		
Your Preferred Mailing	g Address				

## **Medical Information**

Please identify the physical or mental condition for which you are requesting accommodation:

If yes, please select from this list or add others:

Breathing	Sitting
Caring for Oneself	Sleeping
Concentrating	Speaking
Controlling Bowels	Standing
Eating	Thinking
Hearing	Walking
Interacting with Others	Bending
Learning	Working
Seeing	Other:

How long is the condition expected to last?

Please provide the name and contact information for the healthcare professional(s) who is treating you for this condition. If you have a condition that is not readily apparent it will be necessary to contact your provider.

## **REASON FOR REQUEST**

Please describe how the condition affects your ability to perform the essential functions of your job:

What accommodations are you requesting that will assist you in performing the essential functions of your job? Please be as specific as possible.

Please describe any accommodations or assistive technologies you currently use:

Add any comments that you feel may be helpful in consideration of your request:

Save this completed form as a PDF file and return by email to Donna Marie Sorrentino, Director Affirmative Action and Equity Office (<u>dms@unh.edu</u>) or create a Box folder and invite Donna Marie Sorrentino to the folder.