

REASONABLE ACCOMMODATION REQUEST FORM

<p>New Jersey University is committed to adherence to federal, state, local laws and regulations and will make a good faith effort to provide reasonable accommodations to qualified individuals with disabilities. The purpose of this form is to support the request for an accommodation and to assist the University in determining whether a reasonable accommodation is appropriate. Information received will be treated as confidential and maintained separately from personnel records. Employee's Name:</p>	Job Title:
Department:	Work Ext.:
Supervisor:	Supv. Ext:
<p>1. What is the nature of your condition? Medical documentation may be required to determine if you are a qualified individual with a disability.</p> <p>2. (Attach additional page(s) if necessary)</p>	
<p>1. What part(s) of your job duties are you having difficulty performing? Describe how your condition limits your ability to perform one or more essential functions of your job.</p> <p>(Attach additional page(s) if necessary)</p>	
<p>2. Please describe the accommodations you believe may be appropriate:</p>	
<p>Please provide any additional information or comments you believe may be helpful in the consideration of your request:</p>	