PEPPERDINE UNIVERSITY

EMPLOYEE REQUEST FOR ACCOMMODATION

NAME: _____ DATE:_____

WORK PHONE: _____

EMAIL: _____

POSITION: _____ CWID:_____

DEPARTMENT: _____

SUPERVISOR/DEPARTMENT HEAD: _____

ACCOMMODATION REQUESTED: Be as specific as possible to describe your requested accommodation (for example: adaptive equipment, reader, interpreter, training, schedule change, etc.). Add additional pages if needed.

REASON FOR REQUEST/NATURE OF QUALIFYING DISABILITY: Please do not disclose your diagnosis. Explain your disability-related limitations and how this accommodation will help you do your job (including under what circumstances you need the accommodation, the duration of the accommodation, etc.). Add additional pages if needed.

MEDICAL DOCUMENTATION: Please attach all relevant medical documentation which supports your requested accommodation.

HEALTH CARE PROVIDER CONTACT INFORMATION: Please provide your health care provider's name, address, telephone number, and fax number. If necessary, Pepperdine may request that you sign a medical release form to obtain additional information from your health care provider related to your impairment/disability and accommodation recommendations.

I authorize the release of necessary confidential medical information regarding my disability to relevant supervisors as deemed necessary by Human Resources.

Signature: _____

Date: _____