APPENDIX D

REQUEST FOR REASONABLE ACCOMMODATION FORM

Applicant’s/Employee’s Name

Applicant’s/Employee’s Phone #

Date of Request

Employee’s Department

Today’s Date

Name of Supervisor

1) Informed Supervisor of Request?  
   YES  NO
   If no, why not?

   ___________________________________________________________

2) Accommodation Requested
   (Be as specific as possible, e.g., adaptive equipment, reader, interpreter)

   ___________________________________________________________

3) Reason for Request (Attach Medical Certification)

   ___________________________________________________________

   If accommodation is time-sensitive, please explain:

   ___________________________________________________________

   ___________________________________________________________

Return Form to:

Amanda Berry, Senior Benefits Administrator
Metropolitan State University of Denver
P.O. Box 173365, Campus Box 47
Student Success Building, Room 310, Denver, CO 80217-3362
Phone: 303-352-7033  Fax: 303-556-5043  E-mail: aberry11@msudenver.edu

4) Log #:  ____________________________ (The Log # will be assigned by HR)