

MSU DISABILITY ACCOMMODATION REQUEST FORM

Instructions: This form must be completed if you are requesting accommodations under ADA.

(Please attach additional pages if necessary)

PART A: (To be completed by the individual requesting accommodation)

Name: _____ MSU ID _____

Address _____

Work Phone _____ Home Phone _____

Faculty/Academic Staff Student Employee Visitor Other _____

REQUEST FOR REASONABLE ACCOMMODATION: I need an accommodation for the reasons stated below (List essential function (s) that cannot be fully performed, and/or job-related functional limitations):

I am requesting the following accommodation (list possible devices, equipment, or alternative methods/procedures):

Requestor's Signature _____ Date _____

Classification Rank/Title _____ Position # _____
(for job applicant's only)

Department/Division _____ Campus _____

Supervisor's Name _____ Phone _____
(for current employees only)

PART B: ASSESSMENT AND RESOURCES/CONSULTANTS USED (to be completed by requestor's supervisor). Summarize actions taken to confirm essential functions, secure relevant medical information, identify equipment/devices needed, and develop alternatives.

PART C: DISCUSSION/REVIEW OF ALTERNATIVES (to be completed by requestor's supervisor). A meeting was held on _____ between the supervisor and the requestor to discuss potential solutions. Proposed accommodation (s) discussed were:

List the names and positions of individuals attending the meeting.

PART D: FINAL DISCUSSION (to be completed by requestor's supervisor). When/how accommodation (s)/modification (s) will take place. Or, if denied, explain fully.

Approved Denied Modified Estimated cost of the accommodation \$ _____

Supervisor's signature: _____ Date: _____

Requestor's signature: I agree with the accommodation (s) provided: _____

Form Reviewed by HRM: _____ Date: _____

Form Reviewed by ODEP: _____ Date: _____

Distribution of copies:

1. Diversity and Equity Programs (original)
2. Human Resources Management
3. Supervisor/Unit Administrator
4. Employee/Requestor