

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** _____

Title: _____ **PARF #** _____
(For Job Applicants only)

Department/Division: _____ **Campus** _____

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

PART B: ASSESSMENT AND RESOURCES/CONSULTANTS USED

Summarize actions taken to confirm essential functions, secure relevant medical information, identify equipment/devices needed, and develop alternatives.

PART C: DISCUSSION/REVIEW OF ALTERNATIVES

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

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** _____

_____ **Date** _____

Requestor's Signature: *I agree with the accommodation (s) provided:*

Reviewed/Approved by HRM: _____ **Date** _____