

**North Dakota State University
Documentation to Support a Request
for Reasonable Accommodation on the Basis of Disability**

Employee:

1. Complete the top portion of this form.
2. Attach a copy of your current position description
3. Arrange to have the remainder of this form completed by an appropriate health care or rehabilitation professional.
4. Submit the completed form to the NDSU Office of Human Resources or have the professional providing the information submit it.

Employee Name _____
Position at NDSU _____

To the health care or rehabilitation professional providing this information:

Please complete both sides of this form as fully as possible in order to assist University personnel in responding to this employee's request for an appropriate and reasonable accommodation based on disability. Attach additional information, if necessary.

1. Identify this employee's disability (or disabilities) and indicate the date of the current diagnostic evaluation, the date of the original diagnosis, and any diagnostic criteria and/or tests used.

2. Describe the functional impact of the disability or disabilities in terms of the employee's current position (position description should be attached).

OVER

3. Identify the treatments, medications, assistive devices/services currently prescribed or in use.

4. Describe the expected progression or stability of the impact of the disability over time.

5. Provide a brief description of the relevant professional credentials (medical specialization, licensure, etc.) of the health care or rehabilitation professional providing this information.

Health care or rehabilitation professional providing this information (PLEASE PRINT).

Signature of health care or rehabilitation professional providing this information.

Date _____