

North Dakota State University
Employee Request for Reasonable Accommodation
on the Basis of Disability
(NDSU Policy 168)

Employee Name: _____

1. Complete this form and submit it to your supervisor **within one week** of the date you verbally request an accommodation from your supervisor.

2. Arrange to have an appropriately certified or licensed health care or rehabilitation professional complete the Documentation Request Form and submit it to the Office of Human Resources/Payroll, SGC 102, **within two weeks** of the date you verbally request an accommodation from your supervisor. If an extension of this time line is needed, please contact the Benefits Coordinator in the Office of Human Resources/Payroll. NOTE: This information will be maintained in a confidential file separate from your official personnel file.

In order to perform the essential functions of my position, I am requesting the following reasonable accommodation(s):

Signature

Date