



Request for Reasonable Employment Accommodation

Date of Request: _____

I am a CCSU employee_____ or Applicant seeking employment with CCSU_____ and am requesting a reasonable employment accommodation as follows:

First Name: _____ Last Name: _____

Home Address: _____

Phone Number(s): (Home)_____ (Cell)_____

Email Address_____ Preferred method of contact: Phone_____ Email_____

For Job Applicants:

Position(s) for which you are applying:

For CCSU Employees:

Job Title/Classification: _____ Campus Phone Ext.: _____

Supervisor's Name: _____ Supervisor's Phone Ext.: _____

Assigned Work Department / Unit: _____

Are you currently on or returning from an approved medical leave of absence? _____

Is this request related to a work-related Worker's Compensation injury or illness? _____

Medical Information:

[Medical Certificate \(Self\)](#)

[Medical Certificate \(Caregiver\)](#)

Please identify the medical condition(s), physical and or mental impairments for which you are requesting an accommodation.

If the medical condition(s), impairments listed above are temporary or durational in nature, please indicate expected duration and frequency.

Please provide the name and contact information for the health care professional who either diagnosed or is treating the medical condition(s) listed above. Please include date of diagnosis.

Job and Accommodation Information

Please explain how your medical condition(s), impairment(s) affect(s) your ability to fully engage in and participate in employment activities. Specifically, please explain how it impacts your ability to perform the essential duties of your position. If you are a new employee, state the anticipated difficulties you foresee in performing the essential duties of your job. Be as specific regarding the job duties you are having difficulty performing or believe you will have difficulty performing. (Attach additional pages if more space is needed).

Please provide your recommendation for a reasonable accommodation and any information you may have about any associated costs (attach supporting documentation).

Please add any comments you feel may be helpful in consideration of your request.

Acknowledgment

I understand that it will be my responsibility to complete and to submit all necessary forms including obtaining a Medical Certificate to CCSU Human Resources. Furthermore, I understand that it is my responsibility to participate in good faith in the interactive process. Failure to submit all necessary forms and or to engage in good faith in the interactive process may delay processing of this request for a reasonable employment accommodation.

Signature

Date