

HUMAN RESOURCES Holloway Hall (HH) 153 1101 Camden Avenue Salisbury, MD 21801 410-543-6035 FAX: 410-677-5026 TTY 410-543-6083 www.salisbury.edu/hr

Request for Disability Related Accommodation

This form is considered confidential and is maintained separately from the employee's personnel records.

| Employee Name | Employee ID# |
|---|--------------------|
| Job Title | Department |
| Email Address | Work Phone |
| Supervisor | Supervisor Phone |
| My Request is for a: | |
| [] Permanent or Long-Term Disability (greater than 6 months) Expected Duration: | |
| [] Short Term Disability (less than 6 months) | Expected Duration: |
| [] One Time Event or Special Program Event/Program: | |
| Date of Event: Location | on: |
| Please describe in detail how your disability affects your ability to perform your work duties: | |
| Requested or recommended accommodation sought: | |
| Employee signature: | Date: |

Medical documentation from a treating medical provider will be required. The documentation must indicate the anticipated duration of the need for accommodation, the medical restrictions the disability presents, and any suggested accommodations. Additional documentation may be requested as part of the interactive process.

If you need this document in a different format, or are unable to utilize this form, please email ADArequest@salisbury.edu