Salisbury UNIVERSITY

Make Tomorrow Yours

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:_____

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

Revised March 2023