

**EMPLOYEE REQUEST FOR AN ACCOMMODATION**

The office designated to review requests for accommodations for employees of SUNY Potsdam (“Potsdam”) is the Human Resources Department. The evaluation of this request may require the submission of medical documentation and consultations with your medical care provider(s), your supervisor and any other parties as may be deemed appropriate. You may also be required to submit to a medical examination by the Employee Health Service of the New York State Department of Civil Service or another appropriate health care professional. All information received by Potsdam that pertains to your request for an accommodation will be kept confidential and used only for purposes of determining the need and the ability of Potsdam to provide an accommodation.

I am requesting an accommodation for a physical and/or mental disability(ies) (i.e. standing, walking, sitting, hearing, speaking, lifting, memory, etc.) that either impede normal bodily function *or* are demonstrable by medically accepted diagnostic technique based on the following (please attached additional sheets as necessary):

1. The following disability(ies) or impairment(s) is interfering with my ability to perform my current position/job that I have been offered:

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2. I have difficulty performing the following job function(s) of my position/job that I have been offered:

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3. I am requesting the following accommodation for my disability or impairment(s):

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4. This accommodation will assist me in performing the above described job essential function(s) as follows:

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5. I have had the following accommodation(s) in the past for this same disability or impairment(s):

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6. The following is additional information that may be useful in processing my accommodation request:

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Employee Name (print) and Signature

Date

Employee Title: \_\_\_\_\_

Employee's Supervisor Name: \_\_\_\_\_

Employee's Daytime Telephone No. \_\_\_\_\_

Please provide a copy of the completed form to the **Human Resources Department**.

*New Form:*