



EMPLOYMENT DISABILITY ACCOMMODATION REQUEST FORM

Administration Building 01-Room 110, One Grand Avenue, San Luis Obispo, CA 93407 · (805) 756-2236 · FAX (805) 756-5483 · humanresources@calpoly.edu

Please complete this form in order to make a formal request for employment accommodation due to disability. All requests are treated as **confidential information and will be considered on a case-by-case basis**. Reasonable accommodations are defined as those changes or adaptations necessary for employees with qualifying disabilities to perform essential job functions, which are reasonable for the university to provide and do not place an undue hardship on the university. Cal Poly provides reasonable accommodations to employment in accordance with provisions contained in the Americans with Disabilities Act (ADA) as amended, Section 504 of the Rehabilitation Act, and California's Fair Employment and Housing Act (FEHA).

Before submitting this form, you will be asked to attach an Employment Accommodation Medical Certification, completed by a qualified medical professional, as documentation of your disability. In completing this Medical Certification, your physician/treatment provider should review your position description in order to determine with you which essential functions need accommodating. (For Faculty, see [CFA-CSU Collective Bargaining Agreement Article 20 \(Workload\)](#).) For more information go to: <https://afd.calpoly.edu/hr/employee-resources/requesting-accommodation>. HR or Academic Personnel will then evaluate your functional abilities and limitations, analyze your job requirements and assist the department in exploring possible accommodations. Often, you will be required to engage with HR and your department in this process in order to explore and decide on a reasonable accommodation.

Date of Request: _____

A. Contact Information

Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Preferred Method of Contact (check all that apply): Cell Phone Home Phone Email

Special Instructions: (e.g., do not leave messages on work phone, etc.):

B. Employment Information

Current Work Schedule: _____

Employment Status (select choice in each of the three categories):

Job Title: _____

Department: _____ Work Location Building/Room: _____

College/Division: _____

Direct Supervisor: _____ Supervisor Title: _____

In this intake, Direct Supervisor refers to your immediate supervisor or manager, i.e., Appropriate Administrator, Dean, or Department Head/Chair

C. Employment Accommodation Request Information

State and describe the reasons why you are requesting accommodation(s) (i.e., limitations, impairments, restrictions, injuries) You do not need to disclose your diagnosis.

Anticipated Disability Duration:

Have you requested accommodations from your direct supervisor?

If Yes, with what result / response: _____

Have you applied for or are you currently using any disability leave programs through Human Resources such as Non-Industrial Disability Insurance (NDI), Family and Medical Leave (FML), etc.?

If yes, please state which program: _____

Do you have an open or pending Worker's Compensation claim for this/these condition(s)?

If your Worker's Compensation claim is completed, please state any modifications/accommodations you receive through Worker's Compensation:

Under the ADA, a disability is a "Physical or Mental Impairment that substantially limits one or more of the major life activity of such individual." Major life activities are such functions as performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. (This list of major life activities is meant to be illustrative rather than exhaustive.) Under California's FEHA, an individual with a disability has a physical or mental condition that limits a major life activity or has a record or history of a physical or mental condition.

What limitations are affecting your ability to perform your job?

Per your position description, what job duties are impacted by your limitations or medical restrictions?

What accommodations do you believe would enable you to do your job?

Are there workplace accommodations you have used in the past or are currently using?

Employee's signature: _____ Date: _____

Please note, your Request for Accommodation is not complete until you have also submitted your Employment Accommodation Medical Certification. HR will contact you if additional information from your treatment provider is required. If you qualify for accommodation under the ADA or FEHA, any reasonable accommodations offered will be conveyed via a letter of temporary or permanent accommodation.

Keep a copy of this form for your records. This form must be completed and submitted to HR.