

Request for Accommodation

Name: _____
Email/Phone # _____

A. Request for Accommodation under the Americans With Disabilities Act

I believe that I am eligible for a workplace accommodation due to my own physical or emotional health disability.

As a result of my disability, I am requesting the following accommodation, which will allow me to perform the essential functions of my position.

I understand that my request must be supported by documentation from my health care provider which ____is attached/____ will be provided no later than _____.

B. Request for Leave

I believe that I am eligible for a leave of absence under federal law. The following is a brief description of why I believe that I am entitled to leave:

I understand that leave may be used for a period of consecutive days off or used on a reduced schedule or intermittent leave basis. I am requesting leave to be used for the following time period or schedule:

C. Other Accommodation/Leave Requests

I do not have a personal disability, but I am requesting a flexible working arrangement or leave of absence for the following reason:

The flexible working arrangement/leave of absence that I am seeking is:

If my requested flexible working arrangement/leave request is denied, I do / do not / do not know (select one) intend to fulfill my teaching commitment for the 2022-2023 academic year.

Signed: _____

Date of Request: _____