



EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

333 S. Twin Oaks Valley Road · San Marcos CA 92096-0001 | 760-750-4418 · 833-536-1793 (secure fax)

The information requested below is **CONFIDENTIAL** and will be used to determine an appropriate reasonable accommodation for your work-related limitation due to a qualifying disability. This form and any supporting materials or information is confidential and will be kept separate from the personnel file.

This form is to be completed by the employee or a representative acting on behalf of the employee and returned to the Office of Human Resources; Administrative Building, suite 4800. Email: workplaceaccommodation@csusm.edu; secure fax 833-536-1793

I. EMPLOYEE INFORMATION

Employee Name:

Phone:

Email:

Job Title:

Department:

Administrator's (MPP) Name:

II. REQUEST INFORMATION

What major life function is limited by a disability?

What limitation is interfering with your ability to perform your job?

What, if any, employment benefits are you having difficulty accessing? (ex: job training opportunities)

Have you had any accommodations in the past for this same limitation? Yes No If yes, what were they and how effective were they?

Describe the accommodations you believe are needed to enable you to perform the essential functions of your job:

Is your disability temporary or permanent?

If your disability is temporary, what is the anticipated date you will no longer need the accommodation(s)? If unknown, provide date of re-evaluation.

Are you requesting an accommodation to use a service animal or emotional support animal in the workplace? Yes No

III. EMPLOYEE SIGNATURE

I authorize the release of information regarding my disability to CSU San Marcos, Office of Human Resources as deemed necessary to facilitate this request for accommodation.

I certify that I have a disability that requires reasonable accommodation, which will be met by the accommodation described above.

Signature:

Date:

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

CSUSM is committed to providing reasonable accommodations under the Americans with Disabilities Act (ADA) to ensure an inclusive and accessible work environment. Please note that we are not required to consider requests for animals that serve solely as pets. Under Title I of the ADA, we evaluate requests for assistance animals that enable an employee to perform essential job functions. Assistance Animal as used in this document refers to service animal, emotional support animal and therapy animal.

We want to ensure that your assistance animal contributes to maintaining a safe atmosphere for the campus community. By adhering to the following guidelines, we can create an inclusive and harmonious environment where everyone feels comfortable and secure. To proceed with this request the following information is necessary as well as the acknowledgement of responsibilities.

Description of Assistance Animal

Include details about your service animal, its training, and the specific tasks it performs related to your disability: _____

1. Attach written proof that your assistance animal's vaccinations and licensure are current. You are responsible for providing updates upon renewing the license and updating vaccinations.
2. Assistance animals must be harnessed, leashed, or tethered while in public places unless these devices interfere with the animal's work, or your disability/limitation prevents use of these devices. In that case, the use of voice, signal, or other effective means are required to maintain control of the animal.
3. You agree to abide by all local and/or county animal regulations.
4. You are responsible for ensuring clean up after and properly disposing of the assistance animal's waste in a safe and sanitary manner in appropriate relief areas.
5. It is your responsibility to ensure your assistance animal is safely contained when you are not present during the day to attend meetings or other work-related activities.
6. You will take adequate precautions to prevent your assistance animal from disturbing or threatening campus community members (e.g. barking, howling, scratching, biting, etc.).
7. Your assistance animal may accompany you on campus except for: those areas that are generally off limits to service and support animals, such as research and teaching laboratories where protective clothing is necessary, mechanical rooms/custodial closets, or areas that contain machinery and/or chemicals that may be harmful or pose a danger to the animal.
8. You may be charged for any damage caused by your assistance animal beyond reasonable wear and tear. You may be responsible for paying for any required treatment to remove ticks, fleas, or other pests resulting from your assistance animal.
9. Should your request for this accommodation be approved, you will be giving permission for the Office of Human Resources to explain to CSUSM employees on an as needed basis that your assistance animal has been approved as a reasonable accommodation. This information may be shared as needed with the intent of preparing for the presence of the assistance animal and/or resolving any potential issues associated with the presence of your assistance animal.
10. You understand that your assistance animal may be removed from University Buildings if:
 - a. The animal poses a direct threat to the health or safety of others or causes significant property damage;
 - b. The animal's presence results in a fundamental alteration of a university program;
 - c. The animal or its presence creates an unmanageable disturbance or interference with the University community; or
 - d. You do not comply with the terms and conditions set forth above.

Acknowledgement of Responsibilities _____