



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.