



California State University, Los Angeles

Office for Equity & Diversity
Request for Reasonable Accommodation

Name: _____ Phone Number: _____

Job Classification: _____

Working Job Title: _____ Supervisor: _____

Department: _____ Office Extension: _____

Status of Position:

- Faculty
- Staff
- Administrator
- Temporary

I need an accommodation for this reason:

- To participate in instruction, programs, services, activities, or events,
- To complete the admission process,
- To complete the employment application process,
- To perform essential job functions, or
- To have the same benefits and privileges as non-disabled employees.

Disabling condition(s):

- Deafness
- Permanent Disability
- Temporary Disability (if so, duration of condition) _____

Has disability been verified? Please indicate in what form (e.g., statement from medical doctor; health practitioner, rehabilitation professional) and attach.

Please describe, in detail, the problem or issue for which you are requesting accommodation. *If related to the performance of job responsibilities, state the task(s) for which you need an accommodation, and describe the difficulty you have performing that task. You may attach additional sheets, if needed.*

What type(s) of accommodations do you feel would be effective? *If auxiliary assistance is being requested (e.g., reading/note taking...), please describe the function for which assistance is being requested. You may attach additional sheets, if needed.*

What is the anticipated cost of these accommodations?

Auxiliary Assistance: \$ _____

Cost per hour: \$ _____ Hours per week: _____ Weeks per year: _____

NOTE: *In the event services approved and funded are not utilized due to the negligence of the requestor, then the requestor shall be responsible for payment of any funds expended on their behalf.*

Equipment: \$ _____

Specify equipment vendor and cost in as much detail as possible. Please list all components and prices separately. Alternative documentation should be attached to this form.

Describe how equipment will be utilized.

NOTE: *Departments are expected to provide maintenance and repair for all equipment.*

Signature: _____ **Date:** _____

Please submit this form to the Office for Equity and Diversity, Administration 606. Your request will be given thorough consideration. Alternatives may be discussed with you or you may be contacted for additional information before a decision is reached. As soon as a decision is reached, you will be informed by the Office for Equity and Diversity.

Please feel free to contact the Office for Equity and Diversity, if you have any questions at extension 3-3040.

<input type="checkbox"/> Approved: _____	<input type="checkbox"/> Matching Funds: \$ _____	<input type="checkbox"/> Date: _____
<input type="checkbox"/> Not Approved: _____	<input type="checkbox"/> Discuss: _____	