KU EMPLOYEE ACCOMMODATION REQUEST FORM

For more info contact:
Disability Services Office
610-683-4108
DSO@kutztown.edu
www.kutztown.edu/DSO

Date of Request _____

Name_____

Job Title/Department_____

Preferred Email Address_____

Cell Phone #_____Office Phone #_____

Describe the disability/disabilities or diagnosis/diagnoses for which you are requesting accommodations.

Describe the functions of the job (or job interview) that cannot be performed without accommodations or describe the barriers to equal access to benefits.

Are these essential functions of the job? YES ☐ NO ☐

What accommodations are you requesting?

Are these essential functions of the job? YES ☐ NO ☐

I understand that some information regarding my disability and limitations will be disclosed to Human Resources, my supervisor, manager, or chair and/or Dean, in order to respond to this request and assess whether a particular accommodation will be effective. YES ☐ NO ☐

Signature _____ Date _____