

North Carolina A&T State University  
Division of Human Resources

**REQUEST FOR REASONABLE ACCOMMODATION**

North Carolina A&T State University policy prohibits discrimination based on race, sex, color, creed, national origin, age, or disability. The University maintains an Affirmative Action Plan designed to ensure that all present and prospective employees of the University can be assured an equal and fair treatment, not only in reasonable accommodation, but also in recruitment and hiring, promotion, demotion, transfer, lay-off, termination, and selection of employees for training and development.

To initiate a request for reasonable accommodation, please complete all applicable sections of this form. The Director of Employee Relations / Affirmative Action Officer will review the request after the prepared form is delivered to the Division of Human Resources at 1020 East Wendover Avenue, Suite 101.

**SECTION 1: TO BE COMPLETED BY THE REQUESTOR**

Full Name:

Home Address :

City/State:

Zip:

Contact phone #:

Requestor Type:  Employee  Applicant

Position Classification Title (Employee Only):

Work Location (Employee Only):

Work Phone (Employee Only):

Medical Condition:

Brief Explanation of Accommodation(s) Requested (please attach any supporting documentation):

Period of Time for Which an Accommodation is Needed (check one):  Short-Term  Long-Term  Permanent  
If requesting a non-permanent accommodation, please provide anticipated duration:

Is your accommodation request time sensitive?  Yes  No If it is, please explain.

What job function, if any, are you having difficulty performing?

Have you had any accommodations in the past for this same limitation?  Yes  No If yes, please explain.

**Medical Release Statement:**

By this request for accommodation, I do hereby grant North Carolina A&T State University permission to examine medical records and any other records related to this request and my medical condition. I give North Carolina A&T State University permission to explore coverage and reasonable accommodation under the Americans with Disabilities Act of 1990 (ADA), and all applicable State and Federal Laws. I understand that all information obtained during the process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

\_\_\_\_\_  
Signature of the Requestor

\_\_\_\_\_  
Date of the Request

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**SECTION 2: TO BE COMPLETED BY THE DIRECTOR OF EMPLOYEE RELATIONS / AFFIRMATIVE ACTION OFFICER**

**Temporary Job Assignment Modification:**

Yes      Beginning Date:                      Describe:

No      Indicate Current Status of Employee (LWOP, Approved Leave, etc.):

\_\_\_\_\_  
Director of Employee Relations / Affirmative Action Officer Signature

\_\_\_\_\_  
Date

**SECTION 3: TO BE COMPLETED BY THE APPROVING DEPARTMENT / DIVISION**

Status of Request (check one):     Approved     Denied     Closed

Basis for Decision:

\_\_\_\_\_  
Approving Authority Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date