



BOISE STATE UNIVERSITY

HUMAN RESOURCE SERVICES

BOISE STATE UNIVERSITY REQUEST FOR REASONABLE ACCOMMODATION

Employee Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Supervisor: _____

Campus Ext: _____ Position: _____

Nature of Qualifying Disability

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain.

Is your accommodation request time sensitive? If yes, please explain.

Job Functions

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

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had accommodations in the past for this same limitation? If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

Health Care Provider Information

Provider Name: _____
Last *First*

Address: _____
Street Address *Suite #*

City *State* *ZIP Code*

Office Phone: _____ Office Fax: _____

Your physician will receive a letter from us requesting information on your impairment/disability and suggestions for accommodations.

Other

Please provide any additional information/ documentation that might be useful in processing your accommodation request:

Signature: _____

Date: _____

Submit the completed form to Human Resources via email at HRS@Boisestate.edu or via delivery at Human Resources located at 2225 West University Drive Boise, Idaho 83725 or via mail stop 1265