

CONFIDENTIAL
UNIVERSITY OF DETROIT MERCY
Human Resources Department
Reasonable Accommodation Request Form - Employment

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

College/Administrative Area	Department/Unit
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SECTION I:

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

A. Please describe as completely and specifically as possible the accommodation you are requesting.

B.