



## **Reasonable Workplace Accommodation Request Form**

Fordham University adheres to all the applicable federal, state and local laws, regulations and guidelines with respect to providing reasonable accommodations as required.

Job applicants, employees, independent contractors/freelancers can use this form to request a workplace accommodation.

If you are requesting an accommodation based on a disability or your own medical condition you are required to submit medical documentation from a healthcare provider. Please complete the separate [Medical Information Request Form](#) as soon as possible after you submit this request.

Please note that while your dean or supervisor will be involved in the process of determining the appropriate accommodation, medical information or other confidential information disclosed in your request, will not be shared with the department unless authorized by you.

### **Personal Information:**

Faculty

Administrator

Staff

Adjunct

Hourly/Part-time worker

Independent Contractor/Freelancer

Graduate Student Worker - CWA

First Name:

Last Name:

Middle Initial:

Department or School:

Email:

Phone number:

Name of Supervisor/Chair:

Email address of Supervisor/Chair:

If you are an employee, please describe your main job functions.

**Details of your request for accommodation:**

What is the reason for which you are requesting an accommodation?

Related to religious observations or practices;

Related to a disability or medical condition;

Related to pregnancy, childbirth, or a related medical condition, including lactation or

Related to needs as a victim of domestic violence, sex offenses, or stalking.

Please explain your condition for which you are requesting an accommodation:

Is your condition temporary, permanent, or unknown?

If the condition is temporary, what is the anticipated date you will no longer need the accommodation(s)?

What is your requested accommodation?

**Signature:**

**Date:**

*This is to acknowledge that I am requesting Reasonable Workplace Accommodation. I agree to fully cooperate with the Office of Human Resources Management and/or its Occupational Health Consultant(s) in responding to my request, including providing the appropriate medical documentation, if needed. I understand that I may not be provided with the specific accommodation that I have requested, and that the University may suggest alternative accommodations, if necessary. I verify that the above information is complete and accurate to the best of my knowledge.*

Submit all forms **via email to [occ-health-medicine@fordham.edu](mailto:occ-health-medicine@fordham.edu)**.

Please visit [Fordham's Email Encryption website](#) and follow the process to safeguard and ensure the privacy of your medical information.

**Privacy Statement:** Accommodations are determined, identified and implemented in a collaborative process among the individual making the request, department chair/supervisor, the Office of Human Resources Management, and Office of the Provost if applicable, with review and feedback from the University's Occupational Health Consultant(s). All medical documentation and information should be shared solely with the Office of Human Resources Management or the University's Occupational Health Consultant(s).

Contents of this request are confidential. This form, and any medical documentation submitted on your behalf, will not be placed in your personnel file. All medical documentation will be kept in a separate confidential file as per applicable law.