

Workplace Accommodation Request Form

If you request a workplace accommodation, please complete this form and submit it to **the Office for Institutional Diversity at accommodation@bc.edu**. Completion of this form will allow us to work together to review and address your request for a workplace accommodation to perform the essential functions of your job. This information and other related documentation will be treated confidentially and kept separate from your personnel file.

Name:	Email:	Eagle ID (first 8 numbers):
Department:	Title:	VP/Dean Name:
Campus Address/Building:	Extension:	Mobile Phone:
Supervisor/Department Chair Name:		Supervisor Phone:
Is your supervisor aware of your request: <input type="checkbox"/> Yes <input type="checkbox"/> No		

ACCOMMODATION REQUEST

Identify the basis of your request for accommodation(s).

Describe the accommodation you are requesting. (Please note: if a reasonable accommodation is granted it may be an effective accommodation that is different from the one you specify below.)

Describe how the accommodation you are requesting will enable you to perform the essential functions of your position.

Please provide any additional information you believe may be of assistance while we review your request for a workplace accommodation.

Employee Signature: _____

Request Date: _____