Employee Accommodation Request Form

Kutztown University Disability Services Office (DSO)

Part 1: Demographic Information	
Name:	Date of Request:
Job Title/Department:	Preferred Email Address:
Cell Phone #:	Office Phone #:
Part 2: Disability Impact and Accommodation Requests 1. Describe the disability/disabilities or diagnosis/diagnoses for	
Describe the functions of the job (or job interview) that cannot barriers to equal access to benefits.	ot be performed without accommodations, or describe the
3. Are these essential functions of the job?4. What accommodations are you requesting?	
I understand that some information regarding my disability and limitar	
manager, or chair and/or Dean, in order to respond to this request and	d assess whether a particular accommodation will be effective.
Signature	Date
Kutztown University does not discriminate in employment or educational opportunities on the basis of sex, race, ethn. discuss a complain of discrimination, please contact the University's Title IX Coordinator located in the Office of Social the Office for Civil Rights located in the Lyndon Baines Johnson Department of Education Building, 400 Maryland Aver 453-6012, or by email at OCR@ed.gov.	l Equity, Old Main A-Wing, Room 02, by phone at 610-683-4700 or by email at <u>pena@kutztown.edu</u> or
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Kutztown University Disability Services Office (DSO) contact information:

Voice: (610) 683-4108
TTY: (610) 683-4499
FAX: (610) 683-1520
Email: DSO@kutztown.edu
Website: www.kutztown.edu/DSO