Appendix A

Northeastern Illinois University
Office of Equal Opportunity and Ethics

EMPLOYEE DISABILITY ACCOMMODATION REQUEST

Please complete the following:

____________________________________  _______________________________________
Name                                                      Status (Student, Civil Service, Faculty, Administrator)

____________________________________
Telephone Number

Department and Title (for employees)

Attach additional sheets if needed for the following:

1) Please describe the specific limitation you are addressing:

2) How does your disability affect the essential functions of your job?

3) Do you have any suggestions on accommodations? If yes, please describe:

4) Is there any other information you feel we should know in regards to considering your access concerns?

____________________________________  ________________
Signature                                                      Date

Please return to: Northeastern Illinois University, Office of Equal Opportunity and Ethics, 5500 N. St. Louis Ave., C-216, Chicago, IL 60625-4699