

Reasonable Accommodations for Employees and Applicants with Disabilities Policy G1.11 Effective Date: 02/06/2015 Date of Last Revision: 03/15/2022

Responsible Officer: Executive Director of Human Resources

Responsible Office: Human Resources

Appendix A

Northeastern Illinois University Office of Human Resources

EMPLOYEE DISABILITY ACCOMMODATION REQUEST

| Please | complete the following: | |
|----------|-------------------------------------------------------------|---------------------------------------------------------|
| Name | | Status (Student, Civil Service, Faculty, Administrator) |
| Telepho | one Number | |
| Departn | nent and Title (for employees) | |
| Attach a | additional sheets if needed for the follow | ving: |
| 1) | Please describe the specific limitation you are addressing: | |
| 2) | How does your disability affect the ess | sential functions of your job? |
| 3) | Do you have any suggestions on acco | ommodations? If yes, please describe: |
| 4) | Is there any other information you feel concerns? | I we should know in regards to considering your access |
| Signatu | re | |

Please return to: Northeastern Illinois University, Office of Human Resources, 5555 N. Bernard Street, Chicago, IL 60659