Appendix A

Northeastern Illinois University
Office of Human Resources

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 Human Resources, 5555 N. Bernard Street, Chicago, IL 60659