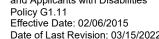
Responsible Officer: Vice President for Finance and Administration

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)	
Te	lephone Number		
De	partment and Title (for employees)		
Att	ach additional sheets if needed for the followi	ing:	
1)	Please describe the specific limitation you a	are addressing:	
2)	How does your disability affect the essentia	al functions of your job?	
3)	Do you have any suggestions on accommo	odations? If ves. please describe:	
-,	,		
4)	Is there any other information you feel we s	should know in regards to considering your access concerns?	
Sig	gnature		

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