



Accommodation Request Form

*Please email completed form to hraccommodations@njit.edu

<u>Employee Details</u>	
Name :	Date :
Email :	Work Phone:
Title :	Home Phone :
Department :	Supervisor :

1. **NATURE OF THE QUALIFYING DISABILITY:** *(Please describe the nature, extent, and duration of your disability.)*

2. **REQUESTED/SUGGESTED ACCOMMODATION:** *(Please describe the accommodations you believe are needed to enable you to perform the essential functions of your job.)*

3. **PHYSICIAN CONTACT INFORMATION:** *(Please provide below details.)*

Physician Name :	
Address :	
Telephone :	
Fax :	

<u>Authorization for Release of Medical Information:</u>	
I authorize the release of necessary confidential medical information to NJIT Human Resources regarding my disability as deemed necessary. I also attest to the fact that a copy of the job description has been given to me for review and reference.	
Employee Signature :	
Print Name :	
Date :	

Review: <i>(HR Use Only)</i>	
HR Representative	
Date :	
Approval :	
Kennth DeStefani, Esq. Director, Employee & Labor Relations	
Date :	