



## Accommodation Request Form

\*Please email completed form to [hraccommodations@njit.edu](mailto: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 :	

**Authorization for Release of Medical Information:**

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.

<b>Employee Signature :</b>	
<b>Print Name :</b>	
<b>Date :</b>	

**Review: *(HR Use Only)***

<b>HR Representative</b>	
<b>Date :</b>	

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**Approval :**

<b>Kenneth DeStefano, Esq.</b> Director, Employee & Labor Relations	
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<b>Date :</b>	
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