CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

# EMPLOYEE REQUEST FOR DISABILITY-RELATED ACCOMMODATION

The information requested below is CONFIDENTIAL and will be used to determine an appropriate reasonable accommodation for your work-related limitations due to a qualifying disability. Please see important note at bottom of page regarding disclosure of genetic information.

This form is to be completed by the employee or a representative acting on behalf of the employee, and provided to the ADA Coordinator, Human Resources, Sierra Hall, Room 101. Phone (909) 537-3102, Email Nora.Fernandez@csusb.edu

| **EMPLOYEE INFORMATION** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name: | | | | Department: | | | |
| Work Phone: | | Home Phone: | | Email Address: | | | |
| Job Title: | | Bargaining Unit/ Employee Group | | | Supervisor | | |

| **INFORMATION RELATED TO ACCOMMODATION REQUEST** | | | |
|---|---|---|---|
| Indicate if your disability or medical condition is: | Permanent ○ | Temporary ○ | Of Undetermined Duration ○ |
| If Temporary, please state the anticipated recovery date: | | | |

**FUNCTIONAL LIMITATIONS**
(Check the major activity or activities you believe to be limited by your disability)

| | | | |
|---|---|---|---|
| Walking ☐ | Breathing ☐ | Seeing ☐ | Working ☐ |
| Hearing ☐ | Learning ☐ | Talking ☐ | Performing Manual Tasks ☐ |
| Other (Please specify): | | | |

**ACCOMMODATION REQUESTED**
(Please be specific and attach additional sheets if necessary.)

**ESSENTIAL JOB FUNCTION(S) FOR WHICH ACCOMMODATION IS BEING REQUESTED:**
(Please be specific; e.g., filing, using copier, etc., and attach additional sheets if necessary.)

**DESCRIBE HOW THE PROPOSED ACCOMMODATION WOULD ALLOW YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF YOUR JOB: (**Please attach additional sheets if necessary)

| **EMPLOYEE VERIFICATION AND SIGNATURE** | | | |
|---|---|---|---|
| I verify that the above information is correct and to the best of my knowledge. I am requesting a reasonable accommodation which will allow me to perform the essential functions of my position as described above. | | | |
| Signature: | | Date: | |

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact than an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.