



**Request for Accommodation  
Institutional Equity  
CONFIDENTIAL**

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Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	Home Phone:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	WIN:	<input type="text"/>
		Work Phone:	<input type="text"/>
		Department:	<input type="text"/>

Direct Supervisor:

**Essential Duties of your Position:** *Describe the essential duties of your position for which you seek accommodation.*

**Provide a description of the disability's functional impairment(s):**

**Reasonable Accommodation Request:** *Identify the type(s) of accommodation(s) requested  
[Example: job restructuring, reassignment, purchase of assistive device, modified work schedule,  
additional period of leave-of-absence]*

**Describe the accommodation you seek:**

**Describe how the accommodation will enable you to perform the essential functions of your position:**

**List Other Skills You May Have:** *(attach a copy of an updated resume if you have one):*

**Employee Signature**

**Date**

**Work Location**

**Phone**

Please submit the original request form to the ADA Coordinator at [oie-info@wmich.edu](mailto:oie-info@wmich.edu) (send confidential), mailstop 5405 or Fax #: (269) 387-6312 (confidential fax). If you have any questions regarding the completion or processing of this form, please call us at (269) 387-6316.

*Please attach additional documentation as needed.*