

Request for Reasonable Accommodation

Application for reasonable accommodation may be made to the department chair/director or the Human Resource Management Office (Cleveland Hall Room 403). All information received by college personnel pertaining to your request for reasonable accommodation is kept confidential. All medical information is maintained separately from personnel records.

To be completed by employee and returned to department chair/director or Human Resource Management.

Name: _____
Title: _____
Salary Grade/Rank: _____
Department: _____
Work Location: _____
Telephone No.: _____

I am requesting the following reasonable accommodation(s):

It is necessary for me to have the requested accommodation(s) to perform the following essential functions of my position:

Medical Documentation: Please inform your doctor of your application for an accommodation. Have your doctor send medical documentation, including a brief statement of diagnosis and the specific life functions and activities and the precise job limitations imposed by the disability. Information should be sent within thirty days, marked confidential, to Emmanuel J. Hillery, Buffalo State College, Human Resource Management Office, GC 403, 1300 Elmwood Avenue, Buffalo, NY 14222.

Employee Signature

Date