**University of Scranton**

**Accommodation Request Form**

Your request for a reasonable accommodation, and information submitted in support of or related to the request, will be kept confidential, except that it will be shared with those University officials who are involved in evaluating and/or implementing the request.

Any questions regarding the reasonable accommodation policy or process should be directed to Elizabeth M. Garcia, Executive Director for the Office of Equity and Diversity, or Christine Black, Assistant Director for the Office of Equity and Diversity, Institute of Molecular Biology and Medicine, Suite 100, (570) 941-6645, [elizabeth.garcia2@scranton.edu](mailto:elizabeth.garcia2@scranton.edu) or [christine.black@scranton.edu](mailto:christine.black@scranton.edu).

For additional information, visit the <https://www.scranton.edu/equity-diversity/docs/ada-accom-policy.pdf>

**To be Completed by Employee/Applicant**:

|  |  |
| --- | --- |
| Name: Click here to enter text. | Today’s Date: Click here to enter a date. |
| Email: Click here to enter text. | Phone#: Click here to enter text. |
| Department: Click here to enter text. | Position: Click here to enter text. |
| Supervisor: Click here to enter text. | Supervisor’s Ext.: Click here to enter text. |

1. Please describe the condition(s) for which you are requesting an accommodation:

Click here to enter text.

1. Please describe any limitation resulting from your condition(s) that interfere with your ability to perform the essential functions of your position with the University:

Click here to enter text.

1. Please describe the accommodations that you believe are needed to enable you to perform the essential functions of your position:

Click here to enter text.

**Date Received by OED:**