



ARKANSAS STATE UNIVERSITY

MID-SOUTH

# Reasonable Accommodations Request

2000 West Broadway | West Memphis, AR 72301 | 870.733.6790 | accessibility@asumidsouth.edu | asumidsouth.edu/disability-services

## Employee Information

Today's Date: \_\_\_\_\_ Requesting Workplace Accommodations for Academic Year: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment Information

Position Title: \_\_\_\_\_ Classification: Full Time  Part Time

Supervisor Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

## Disability Information

Description of disability, including how it affects employee's ability to perform job functions:

## Accommodations Requested

Requested accommodations and brief explanation of how the requested accommodations will enable the employee to perform the essential functions of his/her job.

I have reviewed the information stated in this request and know it to be true to the best of my ability.

Employee Signature: \_\_\_\_\_