

**Central Washington University**  
**Employee Notification of Disability and Request for Accommodation(s)**  
**CONFIDENTIAL**

\*This form is to be used in conjunction with CWU Policy 2-2.2.1.5 and CWU Procedure 2-2.2.1.6\*

**I. TO BE COMPLETED BY EMPLOYEE**

**Notification**

I, \_\_\_\_\_, hereby notify Central Washington University as my employer that I believe I am a person with a qualifying disability under Federal and/or State law, the definitions of which are listed on the back of this form.

**Request for Accommodation(s)**

I hereby request the following accommodation(s) which I believe will negate the effect(s) of the functional limitation(s) of my disability and allow me to perform the essential functions of my position. I understand that I am responsible for providing documentation of my disability from an appropriate health care professional that supports this request for accommodation(s). I understand my request for accommodation(s) will be discussed in a collaborative manner with my supervisor and, if necessary, other appropriate CWU personnel. I understand that if, in the future, the nature of my disability or my work assignment changes, I have the right to request other accommodation(s). I also understand that CWU may periodically require that I provide current assessment of the limitations imposed by my disability in order to provide appropriate services over time.

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**Documentation**

*Documentation to be sent to:*

*ADA Compliance Officer  
Central Washington University  
400 E University Way  
Ellensburg, WA 98926-7431*

I understand CWU's ADA Compliance Officer will share appropriate information from the health care provider statement with my Supervisor or other CWU employees, pursuant to applicable laws, regarding the functional limitations of my disability and any recommended accommodation(s).

I have filed a Labor & Industry claim:      \_\_\_\_\_ Yes      \_\_\_\_\_ No

The name of the individual from whom I will be requesting documentation is:

\_\_\_\_\_ (Name)      \_\_\_\_\_ (Telephone)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip)

\_\_\_\_\_  
(Employee Signature)      \_\_\_\_\_ (Employee ID Number)      \_\_\_\_\_ (Date)