

**Central Washington University
Confirmation of Applicant/Employee Request for Reasonable Accommodation(s)**

CONFIDENTIAL

This form is to be used in conjunction with CWU Policy & Procedure 402-01

This form will be used for documentation purposes only, confirming the request for an applicant/employee's request for reasonable accommodation(s), and should be filled out either by the applicant/employee, or a family member, health care professional, or other representative acting on the individual's behalf.

Applicant/Employee Information. (Fill out as much information as possible)

Applicant/Employee Name:	_____	Employee ID#	_____
Applicant/Employee Telephone #:	_____	Email:	_____
Employee's Department:	_____	Date of Request:	_____
Supervisor's Name:	_____		

Accommodation(s) Requested. (Be as specific as possible, e.g., adaptive equipment, reader, interpreter.)

Reason for Request. (If accommodation is time sensitive, please explain)

Applicant/Employee Signature: _____ Date: _____

If different from applicant/employee:

Name of Preparer	Relationship	Date
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Send this form and any corresponding documentation to:

**Human Resources
Central Washington University
400 E University Way
Ellensburg, WA 98926-7425
Phone: (509) 963-1202
Fax: (509) 963-1733**