

WAYNE STATE UNIVERSITY

Request for Reasonable Accommodation of Disability

Date of Request: _____

Name: _____ Department: _____

Campus Address: _____ Campus Phone: _____

Reason for request (*Please attach appropriate supporting documentation from your physician.*):

Accommodation Requested:

Signature _____

**Please forward to employing department and the Office of Equal Opportunity:*

Action: _____

Department Supervisor/Manager

Date

Director of Equal Opportunity

Date