

CONFIDENTIAL  
UNIVERSITY OF DETROIT MERCY  
Human Resources Department  
Reasonable Accommodation Request Form - Employment

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

College/Administrative Area	Department/Unit
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SECTION I:

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

**A.** Please describe as completely and specifically as possible the accommodation you are requesting.

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**B.**