



Office of Human Resources • Reasonable Accommodation Request

Employee First Name:

Employee Last Name

Employee NSU ID:

Employee Extension

Department

Supervisor

Please provide the following information. Use additional pages if necessary.

Identify your disability, physical, or mental impairment(s) or limitation(s).

Explain how your disability impairs or limits your ability to perform assigned duties as outlined in your job description.

What is the expected duration of your disability?

If your accommodation request is time sensitive please explain.

What accommodation(s) are you requesting (**use specifics to describe the accommodation you need in order to complete the assigned duties of your position**)?

If you are requesting a specific accommodation, please explain how will it assist you to perform the assigned duties of your position (**provide as much information as possible**).

If you are unsure about what type of accommodation is needed, please provide any suggestions for options we can explore as part of the interactive process (**provide as much information as possible**).

Have you had an accommodation in the past for this same limitation?

Yes

No

I am unsure

If yes, what was it and how did the accommodation(s) help you perform your job (**provide as much information as possible**)?

Please provide any additional information that may be useful in processing your request or clarification for any of the previous questions in the space provided below.

Date

Print Name and Sign

Please return this form to the Benefits Department:
Nova Southeastern University Office of Human Resources
3100 SW 9th Avenue, Fort Lauderdale, Florida, 33315
Phone: (954)262-4748 Fax: (954) 262-6859 Email: loa@nova.edu Web: www.nova.edu/hr/benefits
