

WASHINGTON AND LEE UNIVERSITY
Employee Request for Accommodation of Disability

Name: _____

Date: _____ W&L E-Mail Address: _____

Campus Address: _____ Phone: _____

Job Position and Department: _____

Describe your disability. _____

Describe past accommodations granted for your disability:

a. Did you receive any accommodations in high school, college and/or graduate school?
Yes ____No _____. If yes, please explain. (You may be asked to provide a letter from your high school, undergraduate college, and/or graduate program.)

b. Did you receive any accommodations in any prior employment? Yes ____No _____. If yes, please explain. (You may be asked to provide a letter from your former employer(s).)

What accommodations are you requesting? (Be specific)

I authorize and request the Executive Director of Human Resources (or designee) to consider this request for accommodations and copies of all documentation provided in connection with this request and, only as he/she deems necessary for the evaluation of my eligibility/accommodation, to consult with other educational, medical, or psychological professionals, including my supervisor/department head, disclosing only such information as he/she deems relevant for consultation. I consent to the Executive Director of Human Resources (or designee) discussing this request and all evaluations and assessments pertinent to my disability with any diagnosing/evaluating professionals, including my supervisor/department head.

Requesting Employee's Signature _____ Date _____

NOTE: This request cannot be acted upon until you provide sufficient documentation of disability and need for accommodation as required by the Executive Director of Human Resources (or designee) and University guidelines.