

Mississippi Valley State University
Office of Human Resources
DISABILITY ACCOMMODATION REQUEST FORM

Mississippi Valley State University is required by law and it is the policy of the University to provide reasonable accommodation to qualified employees with known disabilities, when requested and if appropriate, absent undue hardship to the University. Employees who believe themselves covered by the Act and wish to benefit under Mississippi Valley State University Affirmative Action Plan are asked to identify themselves via this request form. All information will be considered confidential except in the following instances (1) supervisors may be informed regarding work restrictions or accommodations; (2) emergency response workers may be informed for first aid purposes; (3) governmental officials investigating compliance of the Act will be informed. Choosing not to provide this information will not result in adverse treatment or disciplinary action.

PART A: (To be completed by the individual requesting accommodation)

Name: (please print) _____ MVSU ID: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Department/Division: _____

Work Phone: _____ Work Email: _____

Job Title for which Reasonable Accommodation is Requested: _____

Date of the Request for Reasonable Accommodation: _____

Is your Request: Permanent Temporary Unknown

If **temporary**, anticipated date accommodation(s) no longer needed: _____

PART B:

REQUEST FOR REASONABLE ACCOMODATION: I am requesting the following accommodation (list possible devices, equipment, or alternative methods/procedures) Use blank sheet for additional information

REASON FOR REQUEST: I need an accommodation for the reasons stated below (list essential function(s) that cannot be fully performed, and/or job-related functional limitations) Use blank sheet for additional information

By signing below, you are attesting that the information provided in this request is true and accurate and, understand that you may be required to provide verification by a health professional or a disability service provider. Please send this confidential document to: **Office of Human Resources, MVSU 7260, 14000 Hwy 82 W, Itta Bena, MS 38941**

Requestor's Signature: _____

Date: _____