ACCOMMODATION REQUEST FORM

1. What specific accommodation are you requesting?

2. Is your accommodation request time sensitive?  
   Yes ☐  No ☐  
   If yes, please explain.

3. Is this for a limited time?   Yes ☐   No ☐  
   If yes, for how long? If no, please explain.

4. What job function are you having difficulty performing, if any, based on your position description and/or daily job responsibilities?

5. What limitation (major life function) is interfering with your ability to perform your job (i.e., walking, breathing)?

6. Have you had any accommodations in the past?   Yes ☐   No ☐  
   If yes, what were they? How effective were they? Why did the accommodations end? Was it for the same limitation?
Office of Diversity and Inclusion
The College of William & Mary
Mailing Address: P.O. Box 8795, Williamsburg, VA 23187-8795
Street Address for filing reports: Hornsby House, 336 Jamestown Road, Williamsburg, VA 23185
(757) 221-2615 ♦ (757) 221-2614 FAX

7. Has your limitation been diagnosed by a Physician? Yes ☐ No ☐
   If yes, please provide contact information for your Physician (name, address, telephone number). You may attach official documentation from your Physician concerning your limitation.

Please provide any additional information that might be useful in processing your accommodation request:

_______________________________________   ______ _________________
Signature                            Date

ADDITIONAL INFORMATION

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