Human Resources
csumb.edu/hr
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Americans with Disabilities (ADA Accommodation Request Form

Name: _____ Employee Applicant

Job Title: _____

Employee ID: _____

Department: _____

Employee Contact Phone Number: _____

Duration of impairment: _____

Permanent Temporary (please provide time frame): _____

Activity or activities your impairment limits: _____
_____

Accommodation(s) Requested: _____
_____
_____
_____

Requestor Signature: _____ Date: _____

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For ADA/ADAA Coordinator Use Only

Initial Meeting with Requestor: _____

Initial Meeting with Employee and Supervisor: _____

Recommendations for Accommodations: _____
_____
_____

Accommodation Implementation Date: _____

HR Approval: _____ Date: _____