

Florida Institute of Technology is committed to providing reasonable accommodations to its employees and applicants for employment to ensure that individuals with disabilities enjoy equal access to all employment opportunities.

EMPLOYEE/APPLICANT: To request an accommodation, complete this form and return to the Office of Human Resources or fax to 321-674-7519. Contact the Office of Human Resources at 321-674-8100 if you have any questions about the accommodations listed below. Attach a current job description to this form.

SECTION 1—EMPLOYEE/APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Employee ID Number _____
Phone _____ Email _____
Department _____ Job Title _____
Name of Immediate Supervisor _____ Supervisor's Email _____

SECTION 2—REQUEST INFORMATION

Assistive equipment. Please describe equipment you are requesting that the university provide:
[Empty text box]

Interpreter
Disability Parking. Duration requested (check one): Short term (6-8 weeks) Long term
Leave of absence or intermittent leave use: Duration requested: ___/___/___ until ___/___/___
Reduction in work schedule: Duration requested: ___/___/___ until ___/___/___
Please describe:
[Empty text box]

Modification of job duties: Duration requested: ___/___/___ until ___/___/___
Please describe:
[Empty text box]

Other change in work schedule. Please describe:
[Empty text box]

Other accommodation. Please describe:
[Empty text box]

Please describe the nature of your condition and how the accommodation(s) requested above will allow you to perform the essential functions of your position. Medical documentation may be required to determine if you are a qualified individual with a disability.
(Attach additional page(s) if necessary)

Employee/Applicant Signature _____ Date _____

Home Phone Number _____

Human Resources Approval _____ Date _____