HUMAN RESOURCES MANAGEMENT
MEDICAL UNIVERSITY OF SOUTH CAROLINA
APPLICATION FOR REASONABLE ACCOMMODATION

Please type or print information and return to your supervisor. Information contained on this form is CONFIDENTIAL to the extent permitted by law. Your application cannot be processed unless the request position and medical documentation are attached.

Step 1. Initiation of Request. To be completed by applicant and supervisor. Copy to applicant

1.Individual requesting accommodation	2. Job classification	3. Classification Code
4 Employee ID	5. Dept. where accommodation is needed	6. Are you currently employed at MUSC ☐ Yes ☐ No_____ Check one
7. Home address of requestor (Include zip code)		8. Home Phone _____ Work Phone _____

9. Describe the essential duties for which you are requesting an accommodation.

10. (Check as appropriate ***Attach Documentation**

a. My condition is ☐ Mental ☐ Physical ☐ Other*

b. It is the result of ☐ Disease ☐ Injury ☐ Congenital Condition ☐ Functional Disorder ☐ Other*

c. Describe in your own words limitations caused by the condition you have named. Use additional pages if necessary. Medical documentation of functional limitations MUST be attached to complete this request.

11. Describe any accommodation(s) you are requesting that you believe would be of benefit in the position. Tell how the accommodation will enable you to perform the duties and tasks. Physician□s recommendation may be attached. Use additional pages if necessary.

12. Date	13. Applicant□s signature	14. Date request received by supervisor

15. Supervisor comments/recommendations (please indicate if there are any suggested modifications or changes to this request.

16. Supervisor□s signature _____

17. Date _____

Step II - Final Disposition - To be completed by the department head and applicant. (Original to HRM; copy to department and applicant)

18. Change(s) Proposed/completed – Describe _____

_____

19. Proposed date _____ Completed date_____

20 Name _____

21. Title_____

22. Department Head Signature _____

23. Applicant: I acknowledge receipt of this answer and I ☐ agree or ☐ disagree. (If you disagree, please explain why and forward to HRM Director)

24. Applicant□s Signature _____

25. Date. _____

THIS COMPLETED FORM ACKNOWLEDGING THE REQUEST AND SUBSEQUENT ACTION FOR REASONABLE ACCOMODATION WILL BE RETAINED BY THE DEPARTMENT OF HUMAN RESOURCES MANAGEMENT