



COLORADO STATE UNIVERSITY

PUEBLO

**Office of Institutional Equity
Request for Reasonable Accommodation**

This form is to be used to request employee disability accommodations. Employees must provide this form along with their position description to a medical provider and return it to the Office of Institutional Equity (OIE). For questions regarding completion, contact OIE at CSUP_IE@csupueblo.edu or 719-549-2210.

Name of Requestor	Supervisor
Does the requestor experience disability as defined by the ADA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Based on the attached position description, is the requestor able to perform the essential functions of the position with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no is selected above, what accommodations may assist the requestor and how? (Use the back of this sheet if needed.)	
Is this limitation :	Anticipated end date (if any) :
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Unknown	
Signature of Medical Provider / Date	Contact Information for Medical Provider