



**ADDITIONAL INFORMATION REQUIRED TO PROCESS YOUR ACCOMMODATION REQUEST**

1. Please provide a brief description of your job responsibilities. If you have a current job description or a PIQ, please provide a copy with this request. *(Use the back of this form if additional space is needed.)*
  
2. What is the reason for which you are requesting the accommodation? Please explain aspects of your employment responsibilities that are impacted by your condition and how they are impacted. *(Use the back of this form if additional space is needed.)*
  
3. Please list the reasonable accommodation(s) that you are requesting. *(Use the back of this form if additional space is needed.)*
  
4. Explain how the requested accommodation(s) will enable you to perform the essential functions of your job. *(Use the back of this form if additional space is needed.)*
  
5. Does your condition limit any major life activity? If so, please explain which life activity/activities is/are affected.
  
6. Is your condition temporary or permanent? If temporary, please indicate the duration of the condition.
  
7. What other accommodations might be responsive to your request? *(Use the back of this form if additional space is needed.)*
  
8. How long do you anticipate the need for an accommodation?

Please check the appropriate boxes:

Are you currently on Short-Term Disability?             Yes                             No

Have you been approved for FMLA?                     Yes                             No

Have you requested a reasonable accommodation through this office or any other Penn office previously?     Yes     No

If "Yes," is it the same condition or impairment that you are currently requesting an accommodation for currently?

Yes                             No

If "Yes," approximately when was the prior request made? \_\_\_\_\_

This is to acknowledge that I am requesting a reasonable accommodation. I agree to fully cooperate with the Office of Affirmative Action and Equal Opportunity Programs in responding to my request, including providing appropriate medical documentation. I understand that I may not be provided with the specific accommodation(s) that I have requested; however, I understand that good faith efforts will be made in making a determination on my request. I verify that the above information is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_