



---

**Appendix A**

**Northeastern Illinois University  
Office of Human Resources**

**EMPLOYEE DISABILITY ACCOMMODATION REQUEST**

Please complete the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Status (Student, Civil Service, Faculty, Administrator)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Department and Title (for employees)

Attach additional sheets if needed for the following:

- 1) Please describe the specific limitation you are addressing:
  
  
  
  
  
  
  
  
  
  
- 2) How does your disability affect the essential functions of your job?
  
  
  
  
  
  
  
  
  
  
- 3) Do you have any suggestions on accommodations? If yes, please describe:
  
  
  
  
  
  
  
  
  
  
- 4) Is there any other information you feel we should know in regards to considering your access concerns?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to: Northeastern Illinois University, Office of Human Resources, 5555 N. Bernard Street, Chicago, IL 60659