EMPLOYEE DISABILITY ACCOMMODATION REQUEST FORM

Please complete the following form as completely as necessary to document your request. Note that documentation from a medical professional may be required. Form should be submitted to the appropriate Human Resources Office:

<table>
<thead>
<tr>
<th>SBU WEST CAMPUS, RF &amp; HSC EMPLOYEES</th>
<th>STONY BROOK MEDICINE EMPLOYEES</th>
<th>LISVH EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resource Services</td>
<td>SBM Human Resources</td>
<td>LISVH Human Resources</td>
</tr>
<tr>
<td>Attn: Kristen Galindez</td>
<td>Attn: Tami Goldberg</td>
<td>Attn: Denise Muscarella</td>
</tr>
<tr>
<td>(631) 632-6161 Ph • (631) 632-6161 Fax</td>
<td>(631) 444-4734 Ph • (641) 444-4724 Fax</td>
<td>(631) 444-8617 Ph • (631) 444-8517 Fax</td>
</tr>
<tr>
<td><a href="mailto:hrs_benefits@stonybrook.edu">hrs_benefits@stonybrook.edu</a></td>
<td><a href="mailto:tami.goldberg@stonybrook.edu">tami.goldberg@stonybrook.edu</a></td>
<td><a href="mailto:lisvhhr@stonybrook.edu">lisvhhr@stonybrook.edu</a></td>
</tr>
</tbody>
</table>

EMPLOYEE INFORMATION:

<table>
<thead>
<tr>
<th>Name:</th>
<th>SBU ID#:</th>
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</thead>
<tbody>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td>Supervisor:</td>
</tr>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>Work Phone:</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

IMPAIRED INFORMATION (Please note that documentation from a medical provider(s) may be necessary):

What, if any, job function do you have trouble performing?

What, if any, employment benefit do you have difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation?

If yes, what were and how effective were they?

If you are requesting specific accommodation, how will that accommodation assist you?
ACCOMMODATION INFORMATION (attach additional sheets if necessary):

Please indicate the specific accommodation requested:


If you are not sure what accommodation might be needed, do you have any suggestions or options?


If your request is time sensitive please indicate here:


OTHER (Please provide any additional information that might be useful in processing your accommodation request):


EMPLOYEE SIGNATURE:

Signature Date


to Be completed by supervisor

☐ Approved ☐ Referred to HR for Decision

All accommodation requests that require any change in job function or medical documentation must be referred to HR.

Any expenditure in excess of routine departmental costs requires medical documentation.

ACCOMMODATION PROVIDED / OTHER NOTES:


SUPERVISOR SIGNATURE (if applicable):

Signature Date

Print Name Title


to Be completed by HR

☐ Approved ☐ Denied

ACCOMMODATION PROVIDED / OTHER NOTES:


HR SIGNATURE:

Signature Date

Print Name Title

STONY BROOK UNIVERSITY/SUNY IS AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY EDUCATOR AND EMPLOYER.