

# MATC REASONABLE ACCOMMODATION REQUEST FORM

APPLICANT \_\_\_\_\_ REGULAR EMPLOYEE

NAME: \_\_\_\_\_ DATE:

ADDRESS:

TELEPHONE:

CAMPUS LOCATION OF PERSON SUBMITTING REQUEST:

NEED FOR ACCOMMODATION:

REQUESTOR'S SUGGESTED ACCOMMODATION:

DOCUMENTATION OF DISABILITY: (Please Attach)

MATC'S ACCOMMODATION PLAN:

SUPERVISOR APPROVAL (Circle one):    **APPROVED**            **DISAPPROVED**

**PLEASE SIGN AND DATE ONE STATEMENT ONLY!!!**

I concur with the proposed accommodation:

DATE: \_\_\_\_\_

(Employee Signature)

I wish to appeal the committee's proposal:

DATE: \_\_\_\_\_

(Employee Signature)

## FOR OFFICE USE ONLY

REQUEST RECEIVED BY:

ADA/504 coordinator or designee

Date

ACCOMMODATION APPROVED:

ADA/504 coordinator or designee

Date