



Reasonable Accommodation Request Form

Instructions

Please submit form to: Leave Management Office 615 West 131st Street, MC 8703 Studebaker 4th Floor New York, NY 10027; **Fax:** (212) 851-7069. **Questions:** (212) 851-0698 or leavemanagement@columbia.edu

Supporting Materials: Please ensure that the following materials accompany the submission of this form:

- Signed release form Medical documentation from attending physician

Personal Information

Today's Date (mm/dd/yyyy): / /

Last Name: _____ First Name: _____

Sex: Male Female Age: _____ Birthdate (mm/dd/yyyy): / /

Office/School: _____ Job Title: _____

Home Address: _____ Apt. #: _____

City, State, ZIP: _____ Home Phone: () -

Campus Address: _____ Email: _____

Campus Phone: () - Fax: () -

Disability Information

Please describe your disability, including the expected duration of the impairment (*attach sheet of paper for additional space*):

Please describe the job-related tasks you have difficulty performing due to you disability (*attach sheet of paper for additional space*):

Please describe the accommodation(s) you are requesting and indicate how the accommodation(s) will enable you to perform the job tasks (*attach sheet of paper for additional space*):