



Medical Leaves Administration
840 Hanshaw Road, Ithaca, New York 14850

Request for Accommodation Based on Disability (Cover Page)

This request form will not be placed in your employment record file. Contents of this request are confidential and will not be shared by any staff member of Medical Leaves Administration except as needed to consider the implementation of a reasonable accommodation.

Form with fields for Date, SS#, Name, Univ. Title, Campus Address, Campus Tele#, E Mail, Immediate Supervisor, Campus Tele#, Human Resource Representative, Union or Collective Bargaining Unit Member?, Home Address, and contact preferences.

Please provide us with a brief description of your responsibilities. If you have a current job description, please provide a copy with this request.

Please explain aspect(s) of your employment responsibilities that are impacted by your disability.

