



Albert Einstein College of Medicine

Disability Accommodation Request Form

For Completion by Employee. Please complete this form and attach additional sheets, if necessary. Submit a copy of this form to your certified health care provider, along with copies of the **Health Care Provider Release Form** and the **Health Care Provider Statement Form**. All information submitted will be kept confidential to the extent permitted by law. Please note: Your request cannot be considered unless **all 3 forms** are completed and sent to: VP Human Resources and Diversity Officer Albert Einstein College of Medicine 1300 Morris Park Avenue, Suite 1209 Bronx, New York, 10461 Fax: (718) 430-8542.

1. Name (Last) (First) (M.I.)		2. Date of Birth:
3. Job Title:	4. Department:	5. Work Days/Hours:
6. Email Address:		7. Work Telephone #:
8. Name of Department Head/Department Chair:		9. Department Head/Chair Telephone #:
10. Identify the nature of your disability or serious medical condition (i.e. visual impairment, hearing impairment, emphysema, etc.):		
11. Describe your job-related duties for which you require an accommodation(s):		
12. Describe the functional limitations caused by your disability:		
13. What type of accommodation(s) would minimize or eliminate the functional limitations denoted above? *		
14. Employee's Signature:		15. Date:

*If you are requesting a parking space for a long-term accommodation, you are required to apply for a Parking Permit for People with Severe Disabilities. To determine which governmental office issues permits in your area, please contact your local town, city or village clerk, or visit the DMV website (<http://dmv.ny.gov>). A copy of your disability parking permit must accompany this form.

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