



Employee Disability Accommodation(s) Request and Authorization Form

Employee Disability Accommodation(s) Request and Authorization Form - To be completed by the employee who is requesting an accommodation(s) due to a disabling condition in order to perform the employee's job duties.

Licensed Health Care Professional Disability Accommodation(s) Documentation Form - To be facilitated by the employee and completed by the employee's licensed health care professional (physician, psychiatrist, or other medical specialist).

Both forms must be completed and sent to the attention of: Simmons University, Human Resources, 300 The Fenway, Main Campus Building, Boston, MA 02115, faxed to 617.521.3781 or emailed to hr@simmons.edu.

All requests for accommodation(s) are subject to the review and approval of Human Resources (HR). Any questions regarding these forms can be directed to HR by phone 617.521.2084 or by email HR@simmons.edu.

Employee Name: _____

Employee Manager: _____

What specific accommodation(s) due to your disabling condition are you requesting? How will this accommodation(s) help you perform your job duties?

What is the timeframe for your requested accommodation(s)?

Anticipated Begin Date: _____ Anticipated End Date, if Applicable: _____

Please provide any additional information that you would like us to consider in reviewing your accommodation request:

Employee Acknowledgement:

By my signature below,

- I acknowledge I have carefully read and understand this Authorization form; I consent to the release of medical information related to this accommodation request from my licensed health care professional to the University and its designated representatives and agents.
- I acknowledge I understand that information obtained from my licensed health care professional will be used solely for the purposes of determining what, if any, accommodation can or will be made.
- I authorize Simmons University to follow up with my licensed health care professional to request and obtain additional medical information, as necessary, if Simmons University finds the initial documentation insufficient.
- I agree that this Authorization form whether original, faxed, photocopied or electronic (including electronically signed) form will be valid for any information that may be requested by or on behalf of Simmons University related to my accommodation request.

Employee Signature: _____ Date: _____