



NORTHWEST FLORIDA STATE COLLEGE

100 College Boulevard East • Niceville, FL 32578-1295 • (850) 678-5111 • www.nwfsc.edu

REQUEST FOR ACCOMMODATION

The purpose of this form is to document your request for reasonable accommodation to enable you to perform the essential functions of your job. In order to evaluate your request, we will need information regarding your disability, your functional limitations and your requested accommodation(s). Please complete and return the form to Human Resources.

Employee Name: _____ Position Title: _____
Department/Division: _____ Phone number: _____

Describe the nature of your disability and the impact of your job duties: _____

Specify the nature of your requested accommodation(s), including any equipment, aids, or services: _____

In support of your request for an accommodation under the Americans with Disabilities Act, please attach the required medical documentation from your physician.

A determination regarding your request will be made within (30) thirty working days of receipt of this form. If you wish to appeal the determination, you may file a complaint through the College discrimination complaint procedure (Maxient).

Employee Signature: _____ Date: _____