



**NORTH AMERICAN
UNIVERSITY**

INSPIRATION INNOVATION GLOBAL COMPETENCE

HOUSTON, TEXAS

WWW.NA.EDU

Accommodation Request Form

Date

Name:

First, middle, last as appears on Social Security Card

Address:

Current job Title:

Current Department: _____

Department: Supervisor:

List the function(s) identified on the position description that the individual cannot perform or perform fully:

What documentation exists to support the need for an accommodation based on disability?
(Documentation should be provided by employee.)

MEETING FOR ACCOMMODATION

A meeting was held on _____ to discuss the need for accommodation.

Meeting attended by:

Accommodations identified by the individual:

SELECTION OF ACCOMMODATIONS

The following accommodations/modifications will be provided:

Approximate cost of accommodation/ modification (if applicable): \$ _____

Supervisor

Date

Human Resources Office

Date