



DREXEL UNIVERSITY

# Disability Resources

## Employee Request for Accommodations Form

Today's Date: \_\_\_\_\_ University ID: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Last)

Office No.: \_\_\_\_\_ Preferred Contact No.: \_\_\_\_\_  
(xxx-xxx-xxxx) (xxx-xxx-xxxx)

Position or Title: \_\_\_\_\_

Department or School: \_\_\_\_\_

Office Address: \_\_\_\_\_  
(Address/Bldg.#/Ste #/Rm #)

\_\_\_\_\_ City State Zip

Drexel Email Address: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_  
(First) (Last)

Supervisor's Title: \_\_\_\_\_ Office No.: \_\_\_\_\_  
(xxx-xxx-xxxx)

**Is this the first time you are requesting accommodation through Disability Resources?**

**YES**

**NO**

**Please detail any new accommodation requests you may have and/or any new condition (s) you may be presenting at this time:**

**Please check all of the locations for which you are seeking accommodations for:**

University City Campus

Center City Campus

Queen Lane Campus

Other (please specify): \_\_\_\_\_

**Is this condition temporary or permanent?**

**Permanent**

**Temporary**

**Unsure**

**If this condition is temporary, please indicate the expected time for recovery:**

\_\_\_\_\_

**How would you classify your condition(s) or impairment(s)? Check all that apply:**

Attention Deficit Disorder with and without Hyperactivity

Chronic Health and Physical Conditions

Learning Disabilities

Psychological Impairments and Autism Spectrum Disorders

Sensory Impairments (Vision and Hearing)

Other (please specify): \_\_\_\_\_

**Employees requesting accommodations must submit this form along with appropriate medical documentation. Guidelines for medical documentation can be found at (<https://drexel.edu/oed/disabilityResources/documentation/>). Please contact DR at 215-895-1401 or [disability@drexel.edu](mailto:disability@drexel.edu) with questions about the employee accommodations request process.**