



# Reasonable Accommodation Request Form

## Title VII – Pregnancy or Religion Related

### Instructions:

The Reasonable Accommodation Request Form (RARF) must be used when an Employee seeks a (non-scholastic) accommodation due to pregnancy or religious beliefs/practices. To make a request for a reasonable accommodation the employee must:

- Complete this form and return it to the Michelle Douglas, Interim ADA Coordinator, 6200 University Center, Bldg. A, Tallahassee, FL 32306-2410 or via fax at (850) 645-9504 or electronically to: [mbdouglas@fsu.edu](mailto:mbdouglas@fsu.edu)
- The need for medical or other supporting documentation will be determined upon receipt.

**Please note:** After receiving all documentation, the ADA coordinator will utilize an interactive process with the Employee and the appropriate approving authority within the department to determine what accommodation(s) is appropriate and reasonable under the circumstances.

### Contact Information (To be completed by the Employee)

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Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

FSU Affiliation: ( ) Faculty ( ) Staff ( ) Applicant ( ) Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

College/Division: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Location: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Questions regarding this form or reasonable accommodation procedures may be directed to the Human Resources Office at (850) 644-7950 or [mbdouglas@fsu.edu](mailto:mbdouglas@fsu.edu).

**Submit to the ADA Coordinator**



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## Title VII – Pregnancy or Religion Related

**Accommodation Request** (To be completed by the Employee)

*Attach additional pages if necessary*

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A. Indicate the basis for the need that led to this request for reasonable accommodation and, if applicable, the expected duration.

B. Explain how this need affects the ability to successfully complete your activity/job at FSU.

C. Specifically describe the accommodation(s) you are proposing.

**Release of Information:** I hereby authorize the release of the above information to Florida State University, in conjunction with supporting documentation, for the purpose of determining a reasonable accommodation(s).

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

Questions regarding this form or reasonable accommodation procedures may be directed to the Human Resources Office at (850) 644-7950 or [mbdouglas@fsu.edu](mailto:mbdouglas@fsu.edu).

**Submit to the ADA Coordinator**