



This confidentiality form is to be used by applicants or employees who are requesting accommodation based on a disability. Applicants and employees requesting services will be subject to qualification standards as defined by federal and state laws relating to disability.

Instructions:

Please complete and sign the first page where indicated, and return to California State University, Bakersfield Human Resources. A meeting will be scheduled with the employee/applicant and ADA Coordinator to begin the interactive process and discuss the accommodation request. For employees, the supervisor will be included in the interactive process. If you have any questions, please contact Tina Williams, ADA Coordinator, at 661-654-3205. For more information regarding accommodation, you may also visit the CSUB Human Resources website at <https://www.csub.edu/BAS/hr/>

☐ Employee ☐ Applicant

Name: _____ **Employee ID (if applicable):** _____

Duration of Impairment: ☐ Permanent ☐ Temporary (if temporary, please provide timeframe): _____

Activity or activities that your impairment limits:

Accommodation(s) requested:

Requestor Signature _____ Date _____

Human Resources Use Only

Initial Meeting with Requestor: _____ Initial Meeting with Employee and Supervisor: _____

Recommendations for Accommodations:

Date Accommodations Implemented: _____ Verified by: _____