

**EQUAL OPPORTUNITY PROGRAMS & DIVERSITY  
DISABLED EMPLOYEE ACCOMODATIONS REQUEST**

Please PRINT legibly:

Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

University Address - Campus: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Classification:  Faculty  Administrative  Staff  Temporary  Other

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you currently registered with the Office of Equal Opportunity Programs & Diversity:  Yes  No

If yes, with what type of disability?  Hearing  Speech  Learning  Physical  Visual  Medical

If other, please specify: \_\_\_\_\_

Are you currently receiving accommodations?  Yes  No If yes, list the accommodation and who is providing it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you registering a new disability?  Yes  No If yes, indicate type of disability:

Hearing  Learning  Medical  Physical  Speech  Visual  Other

Are you presently under a physician's care?  Yes  No

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of an emergency, who would you like EOPD to contact?

Name: \_\_\_\_\_ Primary #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Secondary #: \_\_\_\_\_

**Please submit completed form to:**  
Equal Opportunity Programs & Diversity  
Florida International University  
11200 SW 8<sup>th</sup> Street, PC 215  
Miami, Florida 33199