

**EQUAL OPPORTUNITY PROGRAMS & DIVERSITY
EMPLOYEE ACCOMMODATION REQUEST
FOR A PUBLIC EVENT**

Date: _____

Employee Name: _____ Department: _____

Category of disability needing accommodation:

Hearing Learning Medical Physical Speech Visual Other

Accommodation requested: _____

Program/Event: _____

Event Date: _____ Time: _____ Location: _____

Sponsoring department: _____ Phone#: _____

TO BE COMPLETED BY THE OFFICE:

Reviewed by: _____ Date: _____
(Equal Opportunity Programs & Diversity Representative)

Cost of accommodation: \$ _____ Paid by: _____
(Department Name)

Approved by: _____ Date: _____
(Department Representative)

Denied by: _____ Date: _____
(Department Representative)

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