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