

### Section III - Reasonable Accommodation Request Form\*\*

As described in the Requesting Reasonable Accommodation for People with Disabilities policy, please complete this form and submit it to the Office for Institutional Diversity at [accommodation@bc.edu](mailto:accommodation@bc.edu). Completion of this form will allow us to work together to review and address your request for a reasonable accommodation to perform the essential functions of your job. This information and other related documentation will be treated confidentially and kept separate from your personnel file.

|                          |            |  |
|--------------------------|------------|--|
| Name:                    | Email:     | Eagle ID <small>(first 8 numbers):</small> |
| Department:              | Title:     | VP/Dean Name:                              |
| Campus Address/Building: | Extension: | Mobile Phone:                              |



**ADDITIONAL MATERIAL**

Please attach, or promptly provide, documentation from your medical provider describing the disability, the medical diagnosis, and suggested accommodations. Information provided by the medical provider will help us assess this request and identify appropriate reasonable accommodations. If you do not have medical documentation available or need to undergo a medical examination one may be provided at the University's expense. In addition, Boston College reserves the right to affirm and review medical information provided by your medical provider and/or physician and may conduct an independent medical evaluation at the University's cost.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                               |  |
|-------------------------------|--|
| Date received by OID:         |  |
| Date review began / reviewer: |  |