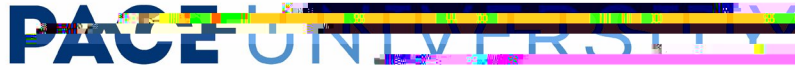


Workplace Accommodation Request Form

Pace University adheres to U



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1 H Z U H T X H V W I R U D F F R P P R G D W L R Q

5 H T X H V W W R F R Q W L Q X H H [W H Q G D Q D S S U R Y H G D F F R P P R G D W L

6 H O H F W D V F R R P P R G D W L R T Q X H V W W \ S H

' L V D E L O L W \ R U P H G L F D O F R Q G L W L R Q

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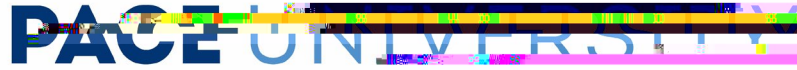
\$ F F R P P R G D W U R Q X H V W (include all relevant details):

If applicable, please describe the condition for which you are requesting an accommodation:

Is your condition temporary, permanent, or unknown?

If the condition is temporary, what is the anticipated date you will no longer need the accommodation(s)?

((P S O R \ H H V 2 0 0 0) please describe your core/primary job functions.



Requestor Signature:

Date:

'LVØDLPHU

My signature confirms that, to the best of my knowledge, all the information provided above is accurate. It also certifies my agreement to adhere to the University's Workplace Accommodation Policy demonstrating by cooperation with