



## **Employee Application for Accommodations & Services**

Centenary University will provide reasonable accommodations to employees that experience a disability(ies). The Human Resources Department will work with the Disability Services Office to ensure that reasonable accommodations are provided.

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### **Application**

Use the attached form to identify yourself to the Centenary University Human Resources Department as an employee with a disability and officially begin the accommodation process.

Supporting documentation must be submitted to Human Resources in order to verify the functional limitations imposed by the disability.

**Please return the completed application via email, fax, or hardcopy to:**

Christine Rosado  
Centenary University  
HR Department, Seay 204  
400 Jefferson Street  
Hackettstown, NJ 07840  
[christine.rosado@centenaryuniversity.edu](mailto:christine.rosado@centenaryuniversity.edu)  
Phone: 908-852-1400 x2334  
Fax: 908-850-8716



## Employee Application for Accommodations & Services

Use this form to identify yourself as an employee with a disability to officially begin the accommodation process. Supporting documentation must be submitted to the Human Resources Department in order to verify the functional limitations imposed by the disability.

_____	_____
Name	Date
_____	
Phone	

**Please indicate your disability type(s). Check all that apply:**

- ADD/ADHD
- Asperger's Syndrome
- Chronic Medical Condition
- Deaf or Hard-of-Hearing
- Learning Disability
- Physical Disability
- Psychiatric Disability (psychological or emotional)
- Substance Abuse
- Traumatic Brain Injury
- Visual Impairment or Blindness
- Other (Please describe):

**Please indicate the type(s) of accommodation that you are requesting:**



**Briefly describe why you are requesting the above accommodation(s):**

**Please describe the duration of your accommodation request (start date and end date):**

**Do you require evacuation assistance?**     Yes     No

**If yes, please describe your need for assistance:**

*All information derived from communication with you will be held in strict confidence unless released by you through written notification. Please note that while your supervisor will be involved in the process, information about your medical condition, including medical documentation, will not be shared unless authorized by you.*



### Documentation Guidelines

Please attach a copy of official documentation describing your disability with this form, or return this form and forward the documentation to the contact listed on this form.

For an **Attention Deficit Disorder**, a diagnosis must be made by a physician or clinical psychologist. Please have the professional who diagnosed you forward the result of the tests that support this diagnosis to us.

For a **Hearing Impairment**, please send a copy of your most recent (within two years) audiogram and include any limitations or necessary accommodations.

For a **Learning Disability**, please send a recent (no more than three years old) psychological report.

For a **Physical Disability or Chronic Medical Condition**, please send medical documentation stating your disability and any limitations you may have as a result.

For a **Psychological Disability**, please send a recent psychological evaluation that states a diagnosis. Ideally, this will also include any recommended accommodation.

For a **Visual Impairment**, please send a copy of your most recent eye exam results.

**For another disability not listed above, please have your physician or other appropriate professional send us a short letter of verification.** If possible, the letter should specify the diagnosis or type of disability, date of onset, prognosis (if applicable), necessary accommodations, and duration of accommodation.