



### Employee Reasonable Accommodation Request Form

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Email: \_\_\_\_\_ MIT ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please provide a detailed description of the accommodation you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this form to:**

**Disabilities Services and Medical Leaves Office**

Massachusetts Institute of Technology

77 Massachusetts Avenue

Building NE49-5000

Cambridge, MA 02139-4307

Phone 617-253-4572

Fax 617-253-1502

[hr-dsmlo@mit.edu](mailto:hr-dsmlo@mit.edu)

<https://hr.mit.edu/disability-services>

\*Please attach all pertinent recent medical report(s). Please note the medical report(s) must include documentation supporting the need for the requested accommodation. I am hereby requesting a reasonable accommodation due to my disability.

I grant permission to the Disability Manager and individuals identified by the manager as necessary participants in the decision-making process (Supervisor, Social Worker, Environmental Health and Safety Office, Benefit Office, Worker's Compensation administrator, etc.) to review the pertinent information I have provided and discuss the matter with me with and my health professional(s).

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date