



1140 Boylston Street
Boston, MA 02215-3693
P 617-266-2375
F 617-266-3039

Human Resources

Workplace Accommodation Request Form

Please complete both pages of this form and submit to your Human Resources Business Partner.

Contents of this request will be shared only as necessary to consider the approval and/or implementation of an appropriate accommodation.

Employee Information

Date: _____

Name of Employee Requesting Accommodation: _____

Department: _____

Job Title: _____

Work Phone: _____ Email: _____

Status (select one): Faculty

Campus Mailing Address: _____

Name of Immediate Supervisor: _____

Job Title: _____

Work Phone: _____ Email: _____

Name of Department Head: _____

Job Title: _____

Work Phone: _____ Email: _____

Is your supervisor aware of this request? (Select one) Yes



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Request for Religious Workplace Accommodation

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 the request and identify appropriate reasonable accommodations. In addition, Berklee 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 Berklee's cost.

Please explain the basis of your request for reasonable accommodation(s)?

If your request is related to a medical condition, have you been treated by a physician or other medical professional for this matter? Please provide contact information for anyone you identify.

Describe the accommodation you are requesting. (Please note: If a reasonable accommodation is granted it may be an effective accommodation that is different from the one you specify below.)

Do you require any accommodations for building access? If so, which buildings will you need access to?



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Describe how the accommodation you are requesting will enable you to perform the essential function(s) of your job.

Please provide any additional information you believe may be of assistance while we review your request for accommodation.

Summary of Next Steps

This request will be reviewed with you and acknowledged by your Human Resources Business Partner. You will be notified of the outcome of the determination and/or proposed accommodation.