



Vulnerable Persons Accommodation Request

Name: _____ Date: _____

Position: _____ Department: _____

Nature of Qualifying Condition (Please describe the nature and extent of your vulnerable condition): _____

Requested/Suggested Accommodation (Please describe the accommodation you believe is needed to enable you to perform the essential functions of your job): _____

You may be asked to provide additional documentation, including medical information. Failure to submit the information may result in denial of the request. All information will be kept confidential, and it will not be released to anyone without your prior written consent. By signing below, you are authorizing the release of necessary medical information regarding your condition to Human Resources.

Signature of Employee

Date

Signature of Human Resources

Date