



ACCOMMODATION – PRELIMINARY REQUEST

Name: _____

Home address: _____

Home Phone: _____

Campus Address/Zip: _____

Campus Phone: _____

Supervisor's Name: _____

Supervisor's Campus Address/Zip: _____

Supervisor's Phone Number: _____

What is the condition for which you're requesting accommodation?

Can you be contacted at your office during work hours? If yes, please indicate your work schedule and best time to call.

Please return this form and send it via email or regular mail to your assigned Employee Relations Representative.

1. College of Medicine and Business & Finance employees send to:
Sandy Leslie, Employee Relations Specialist
Zip 5470, Phone (402) 559-4217
sleslie@unmc.edu
2. All other Units send to:
Debra Motl, EEO Compliance Specialist
Zip 5470, Phone (402) 559-8534
dmotl@unmc.edu

This information will be used only for and during the accommodation process. If you have any questions, please contact your Employee Relations Representative assigned to your unit (see above).