

ACCOMMODATION REQUEST

TO: _____
(Print name of person to whom sent)

FROM: _____
(Print your name)

I understand I am required under Section 210.18 of the Michigan Handicapper Civil Rights Act to notify an employer that I need an accommodation, within 182 days after June 25, 1990, or within 182 days I become aware of the need for accommodation. This request is to meet that notice requirement.

Accommodation Needed:

Date

Signature of employee or job applicant

EMPLOYEE OR APPLICANT COPY

(Cut off and save for your files)

Date Notice Sent: _____

Person to whom sent or given: _____

Employer: _____

Accommodation Request: _____

Submit request to: Supervisor of Labor Relations, Affirmative Action & EEO, CPPB 404B, Grand Rapids Community College, 143 Bostwick NE, Grand Rapids, MI 49504, (616) 234-3453