

Statement of Workplace Needs

Fitchburg State University offers accommodations for eligible employees with documented disabilities. To request a workplace accommodation(s), complete this form and return it along with copies of your disability documentation to: Jessica Murdoch: Human Resources, Fitchburg State University, 160 Pearl Street, Fitchburg, MA 01420.

Voluntary Disability Disclosure

Name: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

What type of disability/disabilities are you requesting accommodations for? Please check all that apply.

☐ Learning Disability ☐ Psychological/Emotional Disability ☐ Physical Disability

Statement of Disability (Attach additional pages if necessary)

Please Note: Medical documentation of the disability and a recommendation from your physician should accompany this request form.

1. In your own words, please describe your disability and any symptoms which impact you in the workplace environment.
2. Disability Diagnosis/Diagnoses:
3. Symptoms of this disability that could interfere with your success on the job:

Request for Disability Accommodations

Please check any services that you require as a result of your disability and briefly describe them. ***All requests must be supported by recent and relevant medical documentation.***

_____ Adaptive Technology (describe) _____

_____ Communication Devices (describe) _____

_____ Alternate Format Materials (describe) _____

_____ Other (please specify) _____



Please Note: For handicap parking information, please visit
www.fitchburgstate.edu/aboutus/campusmap