

TO:

OFFICE OF HUMAN RESOURCES (OHR)

1650 Bedford Avenue, Brooklyn, New York 11225 (718) 270-6910 (PHONE) (718) 270-6909 (FAX)

Medgar Evers College Community

FROM:	Office of Human Resources
SUBJECT:	Special Assistance/Accommodations
relative to a disal	rve all members of our College community, those in need of special assistance bility should indicate on the opposite side of this form. If no special are needed, please indicate none and sign and date the form.
	be returned to Office of Human Resources, 1650 Bedford Avenue, Brooklyn, at reasonable/appropriate accommodations can be requested.
IDENTIFICAT	ION*
of Individuals wh	no may need special assistance
NAME:	
TITLE:	
SELF IDENTIF	SUPERVISORY IDENTIFICATION [] as/services requested: (Be specific)
Signature	Date
*Submission of	this form will be kept confidential except where accommodations are made.