

CATHOLIC DIOCESE OF SAGINAW

HANDICAPPER ACCOMMODATION REQUEST FORM

TO:
(Identify Diocesan Office; Parish, School, or other employing entity)
FROM:
(Legibly printed name of Employee or Applicant)
I understand I am required under Section 210.18 of the Michigan Persons with Disabilities Civil Rights Act to notify an employer that I need an accommodation within 182 days after my hire date or within 182 days of becoming aware of the need for accommodation. This request is to meet that notice requirement. I understand there is no similar requirement under the federal Americans with Disabilities Act.
Job Position at Issue and Accommodation Needed:
Signature of Employee or Applicant Date