



BARRIER REMOVAL/ACCOMMODATION REQUEST FORM

Please type or print legibly

Name of person making request: _____ Date of request: _____

Address: _____ City _____ State: _____ Zip: _____

Telephone Number: _____ Email address: _____

Department: _____ Supervisor: _____

If Person needing accommodation is not the individual completing this form, please enter:

Name: _____ **Telephone Number:** _____

Other Contact Information: _____

Check one: Accommodation Barrier Removal

Accommodation needed or location of barrier: _____

Brief statement of why the accommodation is needed or the barrier removed: _____

Date accommodation is needed: _____

Signature: _____ Date: _____

Please send the completed form to the Human Resources Department at the address below or by email via the Department's confidential email address to hrconfidential@cnshealthcare.org.

Human Resources
24230 Karim Blvd., Ste. 100
Novi, MI 48375

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats.