



## FACILITIES OPERATIONS

BUFFALO STATE • The State University of New York

Buffalo State College  
Facilities Operations  
1300 Elmwood Avenue  
Clinton Center 106  
Buffalo, NY 14222  
p. 716-878-6111  
f. 716-878-5118  
e: sidewalkaccess@buffalostate.edu

### Employee Voluntary Inclement Weather Questionnaire

The purpose of this form is to provide information regarding path of travel on and around campus for employees with mobility impairments who are significantly affected by snow and ice. Facilities Operations will make every attempt to focus on those needs during inclement weather.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Campus Email: \_\_\_\_\_

Office Extension: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Would you like to receive texts about snow plowing/salting progress on campus? Yes \_\_\_\_\_ No \_\_\_\_\_

Mode of Travel: Bus \_\_\_\_\_ Walk \_\_\_\_\_ Car \_\_\_\_\_ Usual Parking Lot # \_\_\_\_\_

Building/Work Location: \_\_\_\_\_ Department: \_\_\_\_\_

Provide Days/Times for Campus Travel: \_\_\_\_\_

\_\_\_\_\_

Specific need(s) for getting to and from your work location: \_\_\_\_\_

\_\_\_\_\_

Other Building(s) that you routinely frequent: \_\_\_\_\_

Days/Time of Travel to Building(s) \_\_\_\_\_

\_\_\_\_\_

Please Return Form To:

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