

Reasonable Accommodation Request Form

Employee Name: _____ Employee ID _____
Job Title: _____ Department: _____
Supervisors Name: _____

Please identify the disability for which you are requesting an accommodation:

Describe what, if any, job function are you having difficulty performing:

Describe the type of accommodation(s) you are requesting:

How will the accommodation(s) assist you?

Do you have any suggestions about what options we can explore?

Please provide any additional information that might be useful in processing your accommodation request. You may attach additional documentation if necessary.

Employee Signature _____ Date _____

Return completed form to the [Human Resources Department]