

# REASONABLE REQUEST FOR ACCOMMODATION

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Date: \_\_\_\_\_ Name: \_\_\_\_\_

Dept/Division: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## Accommodation Request

1. What specific accommodation are you requesting? (Please be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc.)

2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?  Yes  No

If yes, please explain.

3. Is your accommodation request time sensitive?  Yes  No

If yes, please explain.

4. What, if any, job function are you having difficulty performing?

5. What, if any, employment benefit are you having difficulty accessing?

6. What limitation is interfering with your ability to perform your job or access an employment benefit?

7. Have you had any accommodations in the past for this same limitation?  Yes  No

If yes, what were they and how effective were they?.

8. If you are requesting a specific accommodation, how will that accommodation assist you?

9. Please provide any additional information that might be useful in processing your accommodation request (attach additional pages as needed):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this form. Please return this form to your Human Resources Analyst.

**HR DEPARTMENT TO COMPLETE**

Log No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ HR Representative: \_\_\_\_\_