Request for Job Accommodation

To be completed by Employee (or Applicant):

Name:
Position/Department:
Date of Request:
Supervisor/Manager Name:

Accommodation Identification

Please indicate any specific accommodations you are requesting:

If you are not sure what accommodation is needed, please provide any suggestions on possible options:

Reasons for Accommodation

List job functions you are having difficulty performing:

List employment benefits you are having difficulty accessing:

Indicate the limitation interfering with your ability to perform your job or access an employment benefit:

If this limitation has been accommodated in the past, please indicate the accommodation and its effectiveness:

If you are requesting a specific accommodation, please indicate how it will assist you:

Please indicate expected duration of accommodation:

Please provide any additional information that will help in processing your request:

If approved, is the identified accommodation acceptable?	Yes	No
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Employee Signature:	Date:
Human Resources Representative Signature:	Date:

To be completed by Immediate Supervisor (and additional managers if applicable): *Managers/Supervisors: Complete your portion of the form and forward it to Human Resources.*

□ Accommodation Approved. (Please provide additional information, if appropriate.)

□ Accommodation Denied. (Please indicate reason for denial.)

Alternate Accommodations (list in order of preference):

Discussed with Employee on: _____(date)

The accommodation agreed upon:

If no agreement on accommodation, explain:

Date:
Date:
Date:
Date: