

REASONABLE ACCOMMODATION REQUEST FORM

A. Questions to clarify accommodation required

What specific accommodation are you requesting?

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.

Is your accommodation request time sensitive? Yes No

If *yes*, please explain.

B. Questions to document the reason for accommodation request

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

What limitation is interfering with your ability to perform your job?

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

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

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

C. Other

Please provide any additional information that might be useful in processing your accommodation request:

Signature

Date

Return this form and a letter from your physician to the designated Human Resources Consultant.