



EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

TO BE COMPLETED BY EMPLOYEE: (please print clearly)

Today's Date:	Employee ID #:
Employee Name:	Work Phone:
Job Title:	Department:
Supervisor Name:	Supervisor Phone:

1. Do you have a physical and/or mental impairment? **YES** **NO**

If YES, briefly describe the impairment, including the date the impairment began:

2. Does the physical and/or mental impairment limit your ability to perform particular job tasks and duties? **YES** **NO**

3. Based on your understanding of your current position, what tasks and duties are you unable to accomplish because of your impairment? (List all that apply)

4. Do you currently have any medical work restriction(s) ordered by your doctor?
YES **NO**

If YES, list restriction(s) and describe briefly. Please indicate if restriction(s) are permanent or temporary and anticipated duration of the restriction(s).

5. Based on your understanding of your current position, what reasonable accommodation(s) could be made that would enable you to perform the essential functions of your position? Be as specific as possible. (List purchasable items, suggestions for work site modification, specific duties that can be restructured, etc.)

To be completed by Human Resources:

Initial Rec'd Date:	Initially Rec'd By:
Copy Forwarded On:	Copies sent to: