



Employee Request for Reasonable Accommodation

_____ Employee Name – Please Print	_____ Date of Request	_____ Contact Phone Number
_____ Job Title	_____ Department	

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions regarding what options we can explore?
If *yes*, please explain.

Yes No

Is your accommodation request time sensitive?
If *yes*, please explain.

Yes No

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

Yes No

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

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

I understand that all information obtained by my employer during this process will be maintained and used in compliance with ADA confidentiality requirements. I also understand that I may be required to provide my employer with medical documentation about my condition, its functional limitations, and appropriate accommodations. This information will be used to determine whether I have a disability as defined by the Americans with Disabilities Act and to determine whether any reasonable accommodations can be made.

Employee's Signature

Date

Please return to Human Resources Benefits Office - Friday Annex –Campus Box# 5960