

## Appendix D: REASONABLE ACCOMMODATION REQUEST FORM

Employee Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### A. Questions to clarify accommodation requested.

Identify the physical and/or mental impairment for which you are requesting an accommodation, including the date of the diagnosis and expected duration of the impairment.

What specific accommodation(s) are you requesting? (Please be as specific as possible.)

How long will you need the accommodation requested?

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.

### B. Questions to document the reason for accommodation request.

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

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

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

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 of Employee

\_\_\_\_\_  
Date

Return this form to Human Resources.