

ACCOMMODATION REQUEST FORM

Name: _____

Date: _____

A. Questions to clarify accommodation requested. Attach additional pages as needed.

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, 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. Please sign and date each additional page.

Signature

Date

Return this form to _____