

Request for Reasonable Accommodations

Employee Name:

This information is voluntary, and you are under no obligation to provide this information. However, to consider your request for reasonable accommodation and to understand your abilities and limitations, we will go through an interactive process to discuss your needs and potential solutions so that you can perform the essential duties of your position. Medical certification may be required.

The information you provide below and our discussion in the interactive process will be kept confidential and to business necessity to the extent possible. All information will be used in compliance with applicable laws.

Describe the accommodation requested (be as specific as possible, for example equipment changes, physical restrictions, schedule, training, interpreter, etc.):

Explain the reason for this request (describe your disability-related limitations and how the accommodation requested can help you do your job. Do not disclose a diagnosis.):

Limitation is: Permanent Temporary Unknown Anticipated recovery date:

By signing, I certify that the information provided is true and accurate. I understand that any misrepresentation may result in a denial and potential disciplinary action.

Employee Signature:

Date: