



EMPLOYEE REQUEST FOR ACCOMMODATION

Instructions: Deliver this form to your Human Resources Department.

Employee Name _____ “S” No. _____
Position Title _____ Department _____
Manager Name _____ Date _____

Employee—Once you have completed this section, please give this document to your manager or Human Resources Department.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform your job duties:

State the accommodation(s) you are requesting and any alternatives:

Manager/Human Resources—State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented.

Attn: Managers—Complete your portion of this form and send the original to Human Resources. This form may not be kept in the employee’s personnel file.

Employee/Applicant Signature: _____

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