



### Request for Reasonable Accommodation

The individual who is requesting an accommodation should complete this form and submit it to his/her supervisor. Please attach medical verification of need for accommodation to this form. Any information supplied relative to the request for a medical verification of need for accommodation shall be treated as confidential, to the extent required by law, and shall be kept in a secure file separate from personnel records.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Program/Department: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. Please describe in detail the tasks and duties that are expected of you for which you are requesting an accommodation:
2. Please describe in detail the limitations caused by your condition for which you are requesting an accommodation:
3. Please describe any potential reasonable accommodations that would help you to overcome limitations:
4. Other information you would like management to be aware of when making their decision:

Employee/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied