



This form must be completed when an employee is making a request for accommodation due to a disability.

Please describe how your disability limits your ability to perform the essential functions of your job.

I am requesting that I be provided with the following accommodation(s) to assist me in performing the essential functions of my job.

The above-described accommodation(s) will assist me in the performance of my essential job or job family functions as follows:

I believe the following alternative accommodations(s) may be effective as well:

Signature of employee making request

Date Request submitted

Home Phone Number of Employee

Work Phone Number of Employee

Signature of HR Staff

Date Request received

Submit the original completed form to Human Resources Office.