# REASONABLE ACCOMMODATION REQUEST FORM

Please check applicable status: □ Employee □ Intern □ Volunteer □ Contractor □ Applicant

## A. Questions to clarify accommodation requested.

**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. Reasons for accommodation request.

**What, if any, job function are you having difficulty performing?**

**What, if any, employment benefit are you having difficulty accessing?**

**What functional limitation is interfering with your ability to perform your job or access an employment benefit?** (Do not provide disability or diagnosis. Only describe the limitation(s)).

**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:

______________________________   _______________
Signature       Date

- Return this form to the Vice President of Human Resources and Training.
- A meeting will be scheduled between you and an HR representative to engage in an interactive process to discuss and determine possible accommodations.

*August 2019*