



## Accommodation Request Form

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

Job Title: \_\_\_\_\_

Requested/Suggested Accommodation: (Please describe the accommodation(s) you believe is/are needed to enable you to perform the essential functions of this job.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Accommodation: (Please identify your condition and the functional limitation(s) for which you seek an accommodation.)

Condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Functional limitation(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received By (Signature): \_\_\_\_\_

Received By (Printed Name): \_\_\_\_\_

Date: \_\_\_\_\_