

Reasonable Accommodation Request Form

Request Date: _____

Employee Name: _____

Supervisor Name: _____

Accommodation Requested

Reason for Accommodation Request

Essential Job Functions Affected

Can a physician verify the accommodation request? Yes No

Employee Signature Date Signed

Supervisor Signature Date Signed

For HR Use Only:

Date HR Request Received: _____

Should employee complete Medical Inquiry Form? Yes No

Accommodation Request Approved?

Accommodation Completion Date: _____

Yes Reason _____

HR Signature Date

No Reason _____

Executive Director Signature Date