# Reasonable Accommodation Request Form

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| Employee Name (Last, First, & Middle) | Employee ID Number | Date |
|  |  |  |
| Title | Supervisor | Department |
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## Accommodation Details

What specific accommodation are you requesting?

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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.

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Is your accommodation request time sensitive? ......................................................................................[ ]  Yes [ ]  No

If yes, please explain.

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Are you denying an offer of reasonable accommodation? .......................................................................[ ]  Yes [ ]  No

## Reason for the Request

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

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

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What limitation is interfering with your ability to perform your job or access an employment benefit?

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Have you had any accommodations in the past for this same limitation? ...............................................[ ]  Yes [ ]  No

If yes, what were they and how effective were they?

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If you are requesting a specific accommodation, how will that accommodation assist you?

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## Other

Please provide any additional information that might be useful in processing your request:

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### Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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