If you need help filling out this form, please ask your supervisor or Human Resource Manager.

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| --- | --- | --- | --- |
| **Employee Name:** |  | **Supervisor’s Name:** |  |
| **Employee #:** |  | **Agency:** |  |
| **Phone Number:** |  | **City:** |  |

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| --- |
| **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. Questions to document the reason for accommodation request.** |
| What, if any, job function are you having difficulty performing? |  |  |
| What, if any, employment benefit are you having difficulty accessing? |  |  |

|  |  |  |
| --- | --- | --- |
| What limitation is interfering with your ability to perform the essential func an employment benefit?Have you had any accommodations in the past for this same limitation? | tions of youYes | r job or accessNo |
| If *yes*, what were they and how effective were they? |  |  |
| If you are requesting a specific accommodation, how will that accommodation assist you with your job or accessing a benefit? |
| Is your request accompanied by an ergonomic assessment? | Yes | No |
| Do you have a note from your doctor? | Yes | No |
| **C. Other.** |
| Please provide any additional information that might be useful in processing your accommodation request: |
|  **Date:**  |
| Employee Signature |  |
| **Return this form to your Supervisor with a copy to your Human Resource Manager.** |

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| **D. Agency action.** |
| Approved: Yes |  | No |  |  |
| Comments: |
| **Supervisor Signature:** |  | **Date:** |  |
| **Next-Level Supervisor Signature:** |  | **Date:** |  |
| **Secretary/Commissioner Signature** |  | **Date:** |  |

Approval of accommodation does not automatically indicate that the employee has an ADA qualifying disability.

Send copy of completed form to the Human Resource Manager for employee’s file.