

**BUREAU OF HUMAN RESOURCES  
REASONABLE ACCOMMODATION REQUEST FORM**

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

<b>Employee Name:</b>		<b>Supervisor's Name:</b>	
<b>Employee #:</b>		<b>Agency:</b>	
<b>Phone Number:</b>		<b>City:</b>	

**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?



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**D. Agency action.**

Approved: Yes  No

Comments:

<b>Supervisor Signature:</b>		<b>Date:</b>	
<b>Next-Level Supervisor Signature:</b>		<b>Date:</b>	
<b>Secretary/Commissioner Signature</b>		<b>Date:</b>	

**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.**