



Title II of the Americans with Disabilities Act (ADA) of 1990 requires employers to provide reasonable accommodations for qualified employees with disabilities. This form provides standard written documentation of an employee's request for a reasonable accommodation. The form must be completed by the employee and his/her/their Department Head/Supervisor and is to be submitted to the Office of Human Resources at _____ . Completing this form is not a guarantee that the request will be granted. Approved accommodations are subject to review.

Request From: _____ Date: _____

Position/Title: _____ Office Ext: _____

Department: _____ Supervisor: _____

Home Address: _____

_____ Home Phone: _____ Cell Phone: _____

(Continued on page 2 of form).

1. What is your disability? What, if any, job function are you having difficulty performing?

2. How does your disability impact your daily living outside of work?

3. How does the disability impact your ability to perform your duties at work?

4. Describe what you think will help you effectively perform your job and how that accommodation will assist you.


