

**Employee Request for Accommodation Form
-Confidential-**



Applicant or Employee Name: _____ **Date:** _____

Position or Title: _____

Department/Supervisor: _____

Applicant or Employee – Please complete this section, and return the completed form to the Human Resources department. Request is confidential and will only be shared with those who have a right to know.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform the essential duties of the position:

State the requested accommodation(s) and any alternatives.

Human Resources Use Only

Date Received: _____ **Date(s) reviewed:** _____

Accommodation approved or denied: _____

Summary of outcome (attach any supporting

documents) Request for Appeal: __ Yes __ No

Date Received: _____ **Date Reviewed:** _____

Summary of outcome (attach any supporting documents)

Signature of ADA Coordinator or designee: _____ **Date** _____