**Reasonable Accommodation Request Form**

Sample

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Questions to document the reason for accommodation request**

1. What, if any, job functions are you having difficulty performing?
2. What, if any, employment benefits are you having difficulty accessing?
3. What is interfering with your ability to perform your job or access an employment benefit?
4. If you have had any accommodations in the past for this same limitation, what were they and how effective were they? (Please write N/A for not applicable)

**Questions to clarify accommodation requested**

1. If you are requesting a specific accommodation, how will that accommodation assist you?
2. What specific accommodation are you requesting?
3. If you are not sure of an accommodation, please explain any options we might explore:
4. If your request is time-sensitive, please explain why (deadline, immediate need, etc.):

**Other**

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form to: [Provide the HR or medical official who manages accommodations – list name, email and fax, etc.)