

**REASONABLE ACCOMMODATION REQUEST FORM**

Please use this form to request a reasonable accommodation. Submit the completed form to Occupational Health Services. They may require medical documentation. Human Resources will contact you to schedule a meeting to discuss the request, if necessary.

<b>PERSON IN NEED OF THE ACCOMMODATION</b>	
Please check Status: <input type="checkbox"/> Applicant <input type="checkbox"/> New Hire <input type="checkbox"/> Employee <input type="checkbox"/> Temporary/Intern	
Name:	Participating Organization:
Department:	Title:
Phone Number:	Email Address:
Supervisor/Manager's Name:	

<b>PERSON COMPLETING THE FORM</b> (If different than above.)	
Name:	Relationship to Requestor:
Participating Organization and Department:	Title:
Phone Number:	Email Address:

<b>REQUEST FOR ACCOMMODATION</b> <i>(Please do not include medical information on this form.)</i>
Description of Hiring Process, Job Functions, or Benefits/Privileges Affected by the Disability:

<b>DESCRIPTION OF ACCOMMODATION REQUESTED</b> <i>(If you are requesting leave, please provide start and end dates.)</i>

\_\_\_\_\_  
**Signature of Person Requesting Accommodation**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Person Completing the Form**  
 (if different from above)

\_\_\_\_\_  
**Date**

**Employer's Use Only**

Department Submitted To: \_\_\_\_\_

Date Received: \_\_\_\_\_

Initials of Recipient: \_\_\_\_\_