



ADA ACCOMMODATION REQUEST FORM - Employee

Name:	Date:
Department:	Supervisor:
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.	
Is your accommodation request time sensitive? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	
What limitation is interfering with your ability to perform your job or access an employee benefit?	
Have you had any accommodations in the past for this same limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were they and how effective were they?	
If you are requesting a specific accommodation, how will that accommodation assist you?	
C. Other	
Please provide any additional information that might be useful in processing your accommodation request:	
Return form to HR	Date Received in HR:

*****ADA Medical Certification Form must be submitted with Request for Accommodation**