



## EMPLOYEE REQUEST FOR ACCOMMODATION

**Instructions:** Deliver this form to your Human Resources Department.

Employee Name \_\_\_\_\_ “S” No. \_\_\_\_\_  
Position Title \_\_\_\_\_ Department \_\_\_\_\_  
Manager Name \_\_\_\_\_ Date \_\_\_\_\_

**Employee**—Once you have completed this section, please give this document to your Human Resources Department.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform your job duties:

State the accommodation(s) you are requesting and any alternatives:

**Human Resources**—State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented.

This form may not be kept in the employee’s personnel file.

Employee/Applicant Signature: \_\_\_\_\_

Deliver this form to your Human Resources Department.