

Reasonable Accommodation Request Form

ACCOMMODATION REQUEST QUESTIONNAIRE

The purpose of the questionnaire is to make a determination about whether an employee qualifies for an accommodation consistent with the Americans with Disabilities Act (ADA) and, if so, to identify reasonable accommodations. Please respond completely and attach appropriate backup documentation (e.g. medical certification). This **form should be completed by Human Resources, in consultation with the supervisor (when appropriate) and the employee** for whom the accommodation is sought.

Employee Name:

Position:

Division:

Unit/Facility:

1. What limitation is interfering with the employee's ability to perform the job or access a benefit or privilege of employment?

2. What is the specific job function or work activity being impacted or limited by the disabling condition AND to what extent (e.g. keyboard placement)?

3. What is the specific accommodation(s) being requested?
 - a. How does the accommodation enable the employee to perform the essential functions of the job?

 - b. If applicable, provide additional accommodations that may be appropriate.

4. Please include additional, relevant information.

Name of person completing form:

Title:

Signature:

Date:

Relationship to Employee (e.g. Supervisor, Manager, Administrator)
