

ADA Accommodation Request Form PDF

Employee Information

- Full Name: _____
- Job Title: _____
- Department: _____
- Employee ID: _____
- Contact Number: _____
- Email Address: _____

Accommodation Request Details

- Date of Request: _____
- Nature of Disability: _____

- Requested Accommodation: _____

Impact on Job Performance

- How does disability affect job performance? _____

Suggested Accommodation

Accommodation Option	Feasibility	Effective	Notes
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Verification

- Employee Signature: _____
- Date: _____

HR Department Use Only

- Reviewed By: _____
- Title: _____
- Date of Review: _____
- Decision: _____
- Comments: _____