

Accommodation Request Form For Mental Health

Employee Information

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

Details of Accommodation Request

- Date of Request: _____
- Mental Health Condition: _____

- Type of Accommodation: _____

Impact on Work

- How does the mental health condition affect work? _____

Accommodation Options


Suggested Accommodation	Practicality	Necessity	Comments
_____	<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: _____

For HR Use Only

- HR Representative: _____

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- **Date Reviewed:** _____
 - **Decision:** _____
 - **Notes:** _____