

## Reasonable Accommodation Request - Confidential

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This form and any supporting materials or information is confidential and should be kept separate from an employee's personnel file.

### SECTION A: TO BE COMPLETED BY EMPLOYEE

Name of Employee \_\_\_\_\_ Classification/Job Title \_\_\_\_\_

Work Location/Supervisor \_\_\_\_\_ Work Telephone Number/Email \_\_\_\_\_

Accommodation(s)  
Requested \_\_\_\_\_

(Be as specific as possible, for example, adaptive equipment, reader, interpreter, training, schedule change, etc. Attach additional pages, if needed.)  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Request  
**(Please do not disclose your underlying diagnosis or medical condition;** explain your disability-related limitations and how this accommodation will help you do your job. Attach additional pages, if needed.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your limitation:  Permanent  Temporary  Unknown

Anticipated Recovery Date (if any) \_\_\_\_\_

Is the above described disability the subject of a worker's compensation claim?  
(Employees with work-related injuries may also be eligible for a reasonable accommodation independent of the worker's compensation process.)

Yes  No If yes, date filed: \_\_\_\_\_

Have you requested FMLA, CFRA, PDL or other leave in conjunction with the above described disability?

Yes  No If yes, please specify what you requested and when: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that I have a disability that requires reasonable accommodation, which will be met by the accommodation(s) listed above.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date





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## SECTION D: TO BE COMPLETED BY EMPLOYER

### Status of Request

Accommodation Granted on \_\_\_\_\_ (date)

Date Accommodation to Begin \_\_\_\_\_

Date Accommodation to End (or Continuous) \_\_\_\_\_

Date Equipment Ordered If Needed and by Whom \_\_\_\_\_

Date Equipment Received by Employee \_\_\_\_\_

List specific accommodation(s) to be provided:

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Accommodation Denied on \_\_\_\_\_ (date)

For each accommodation requested by the employee that you deny, explain the reason for the denial (may check more than one box, use additional pages if needed):

Accommodation ineffective

Accommodation would cause undue hardship. Identify hardship: \_\_\_\_\_

Medical documentation inadequate

Accommodation would require removal of an essential job function. Identify function: \_\_\_\_\_

Accommodation would require lowering of performance or production standard. Identify standard: \_\_\_\_\_

No alternative vacant position available. Positions considered: \_\_\_\_\_

Employee rejected alternative accommodation. Identify accommodation offered and reason for employee's rejection: \_\_\_\_\_

Other (please identify) \_\_\_\_\_

Further explanation/comments:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

