

Request for Accommodation

The following document is a record of request for an accommodation in the workplace in accordance with the Americans with Disabilities Act, Title VII of the Civil Rights Act, and applicable state, federal, and local laws. It may be filled out by the supervisor of the requesting employee or an HR manager and then signed by the employee.

Date: _____

Employee Name: _____
Last First Emp. I.D. or SS#

Job Title _____ Department _____

Current Shift _____

I am requesting accommodation(s) for the following reason(s) – check relevant box(es):

- ☐ To complete the employment application process.
- ☐ To perform essential job function(s).
- ☐ To have equivalent benefits and privileges of non-disabled employees.
- ☐ To obtain evacuation assistance in a time of emergency.
- ☐ Other (provide explanation):

Description of the accommodation that is being requested (*Schedule change, job restructuring, modified equipment, etc...*):

How does your disability restrict your ability to accomplish the essential functions of your job responsibilities? (*Explanation does not need to detail specific information regarding your health. It can simply state what functions in your job you need accommodated*):

Accommodation is Accepted ☐ Accommodation is Denied ☐

Reason for Denial _____

Alternative Accommodation: _____

Requesting Employee's Signature _____ Date _____

Supervisor Signature _____ Date _____

This company is an equal opportunity employer and does not engage in practices that discriminate nor tolerate harassment against any person employed or seeking employment based on a disability. Please notify a supervisor or Human Resources manager immediately if you feel that you have been subjected to such behavior.