

## REQUEST FOR ACCOMMODATION FORM

<b>Name of Employee Requesting Accommodation</b>	<b>Social Security Number</b>
<b>Date of Request</b>	<b>Position</b>
<b>Department</b>	<b>Division</b>
<b>Essential Job Functions or Equal Benefits of Employment Affected (What accommodation is being requested)</b>	
<b>Accommodation Considered (list)</b>	
<b>Reasonable Accommodation Previously Provided (if any)</b>	
<b>Specifics of Accommodation To Be Provided or Why Accommodation Cannot Be Made (If Accommodation Cannot Be Made, Submit Alternative Option Form)</b>	
<b>Accommodation has been Discussed and Recommendations Solicited From Employee</b>	
_____ _____ <b>Employee Signature</b>	_____ <b>Date</b>
_____ _____ <b>ADA Coordinator</b>	_____ <b>Date</b>
_____ _____ <b>Return to Work Coordinator</b>	_____ <b>Date</b>
<b>Implementation Date</b>	<b>Cost and Source of Funding</b>