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| **A. Questions to clarify accommodation requested.** |
| What specific accommodation are you requesting?How will that accommodation assist you? |
| If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?  | Yes 🞎 | No 🞎 |
| If *yes*, please explain. |
| Is your accommodation request time sensitive?  | Yes 🞎 | No 🞎 |
| If *yes*, please explain. |
| **B. Questions to document the reason for accommodation request.** |
| What, if any, job function are you having difficulty performing? |
|  |
| What limitation is interfering with your ability to perform your job or access an employment benefit? |
| Have you had any accommodations in the past for this same limitation?  | Yes 🞎 | No 🞎 |
| If *yes*, what were they and how effective were they? |
|  |
| Please provide any additional information that might be useful in processing your accommodation request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Signature Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\*Return this form to Human Resources |