|  |  |  |
| --- | --- | --- |
| **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 | | |