

**REASONABLE ACCOMMODATION REQUEST FORM FOR EMPLOYEES**

\*Required field

\*Name:

\*Department/Title:

\*Supervisor:

\*Email and Phone Number:

\*Union/Non-Union:

\*Building Location:

**A. Questions to clarify accommodation requested.**

What specific accommodation are you requesting?

- Access to Website and online forms
- Print material in an accessible format including providing media in alternative format as needed (large print, Braille, text file, etc.)
- Accessible parking and building access (keyless entry, security issues, restrooms, break rooms, exercise rooms, etc.)
- Use of service animal in the workplace
- Computer and communication technology access (alternative input devices, screen reading software, screen magnification, telephone amplification, smart phone or tablet apps, etc.)
- Workspace modifications (furniture, lighting, space, noise abatement, etc.)
- Services or work related assistance (sign language interpreters, readers, note takers, etc.)
- Emergency evacuation and shelter in place plan needs
- Other: \_\_\_\_\_
- Not sure what accommodation is needed.

Please explain.

**B. Questions to document the reason for accommodation request.**

\*What, if any, job function do you expect to have difficulty performing?

\*What, if any, employment benefit do you expect to have difficulty accessing?

\*What limitation do you anticipate 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?

If you are requesting a specific accommodation, how will that accommodation assist you?

**C. \*Signature:**

**Date:**

Accessible Workplace Notes: