



REQUEST FOR ACCOMMODATION

EMPLOYEE NAME:	EMPLOYEE NUMBER:
DEPARTMENT:	SUPERVISOR:
ACCOMMODATION REQUEST (Be as specific as possible)	
REASON FOR REQUEST (Please do not disclose your diagnosis; explain your limitations and how this accommodation will help you perform your job)	
IS YOUR LIMITATION: Permanent Temporary Unknown	ANTICIPATED RECOVERY DATE (if any)
EMPLOYEE SIGNATURE	DATE
SUPERVISOR/MANAGER SIGNATURE	DATE
HR ACKNOWLEDGMENT	DATE