

# Request for Accommodation

Employee Name \_\_\_\_\_

ID No. \_\_\_\_\_

Position Title \_\_\_\_\_

Dept. \_\_\_\_\_

Manager Name \_\_\_\_\_

**Employee** - Once you have completed this section, please give this document to the Office of Human Resources.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform your job duties:

State the accommodation(s) you are requesting and any alternatives.

**Human Resources** - State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented.