**Reasonable Accommodation Request Form**

I request that **[COMPANY NAME]** provide me with reasonable accommodation(s) to perform one or more essential functions of my job safely and effectively. I understand that if my **disability and/or need for accommodation are not obvious or already known, [COMPANY NAME] is entitled to ask for information showing that I have a covered disability that requires accommodation.** I also understand that this form is part of the interactive process to determine if a reasonable accommodation is warranted and will be maintained separately from my official personnel file.

**EMPLOYEE INFORMATION**

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

Phone: W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST**

Describe your requested accommodation (including alternatives) that will better allow you to perform the essential functions of your job (be as specific as possible):

How will this accommodation help you perform the essential functions of the job or help you enjoy equal access to the benefits and privileges of employment?

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Employee Signature Date