



## Reasonable Accommodation Request Form

Teammate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

1. Identify and describe the physical or mental disability, illness, condition, or disease which is the basis for your request for reasonable accommodation(s).

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2. Identify and describe the essential function(s) of your position you are unable to perform due to the described disability without reasonable accommodation(s).

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3. Identify and describe the reasonable accommodation(s) needed to enable you to perform the essential functions of your position safely and effectively. This could include special equipment, changes in the physical layout of the workstation, etc.

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4. Identify and describe any special methods or procedures which would enable you to perform the essential functions of your job.

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5. Identify and describe any equipment, aids, or services which would enable you to perform the essential functions of your job.

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By signing below, you are certifying that the statements above are complete, accurate, and true to the best of your knowledge. You also signify that you understand that that the employing agency may require you to undergo testing or evaluation by medical personnel for the purpose of establishing the existence and extent of your disability, illness, condition, or disease and your ability to perform job-related functions with or without reasonable accommodation (Electronic or physical signature accepted).

\_\_\_\_\_  
Employee Signature:

\_\_\_\_\_  
Date:

