



**REQUEST FOR REASONABLE ACCOMMODATION TO PERFORM  
ESSENTIAL JOB FUNCTIONS  
(Americans with Disabilities Act)**

(To be completed by the employee who is requesting an accommodation. Contact your supervisor or Human Resources if you have questions or need assistance)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Department or Division

\_\_\_\_\_  
Date of Request

I hereby request a reasonable accommodation that will enable me to perform the duties of the job title listed above.

\_\_\_\_\_  
Signature

Describe below how your disability limits you in performing certain essential functions of your job.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what accommodation you are requesting that will enable you to perform the essential functions of your job. If you are aware of a particular piece of equipment, devise or a change in your work environment that will allow you to perform the essential functions of your job, please describe as specifically as possible below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY DEPARTMENT OR HUMAN RESOURCES**

\_\_\_\_\_  
**Approve:** I have discussed the request with the employee and we have agreed that the following reasonable accommodation will be made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Deny:** Please check applicable reason and provide an explanation below

\_\_\_\_ Accommodation ineffective.

\_\_\_\_ Accommodation would cause undue hardship.

\_\_\_\_ Medical documentation inadequate.

\_\_\_\_ Accommodation would require removal of an essential function.

\_\_\_\_ Accommodation would require lowering of performance or production standards.

\_\_\_\_ Other (Please identify.) \_\_\_\_\_

Explanation for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Job Title

\_\_\_\_\_  
Date