



**Americans with Disabilities Act**  
**ACCOMMODATION REQUEST FORM**

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

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

***Please provide the following information. Use additional pages or provide documentation as needed.***

1. Identify your disability or physical or mental impairment(s) or limitation(s) ("Disability"):  
\_\_\_\_\_
2. Explain how your Disability impairs or limits your ability to perform assigned job duties:  
\_\_\_\_\_
3. Expected duration of the Disability:  
\_\_\_\_\_
4. What specific accommodation(s) are you requesting, if known?  
\_\_\_\_\_
5. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain or attach information.  
\_\_\_\_\_
6. Is your accommodation request time sensitive? If yes, please explain:  
\_\_\_\_\_
7. If you are requesting a specific accommodation(s), how will that accommodation(s) assist you to perform your job?  
\_\_\_\_\_
8. Have you had any accommodations in the past for this same limitation? If yes, what were they and how did the accommodation(s) help you perform your job?  
\_\_\_\_\_
9. Please provide any additional information that might be useful in processing your accommodation request. We will set up a time to meet to discuss your request.  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

***Return this form to the Human Resources Department within five (5) days***