



Human Resource Services  
**Employee Accommodation Request Form**

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

Social Security # \_\_\_\_\_ or Employee ID # \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYEE**

1. Please detail the type of accommodation you are requesting and where it would be located.  
\_\_\_\_\_  
\_\_\_\_\_
2. What essential job functions are limited by the disabling condition(s)?  
\_\_\_\_\_  
\_\_\_\_\_
3. How will this accommodation enable you to perform the essential functions of your job? (Attach additional sheets if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Under separate cover, please forward documentation from your medical provider that details your disability, you functional limitations and your specific need for accommodation to Human Resource Services. All information will be considered confidential.

*I acknowledge that by submitting this request I will cooperate throughout the interactive process and a union representative may attend at my own request. In addition all ergonomic equipment/devices if purchased for this accommodation will remain the property of the District.*

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

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE SUPERVISOR**

- ☐ I have reviewed this request and concur with the essential functions of the job as described by the employee and support the request to accommodate the restrictions as outlined by the employee.
- ☐ I have reviewed this request and do not concur with the essential functions of the job as described by the employee, nor can I support the request to accommodate the restrictions as outlined by the employee. I have detailed my rebuttal and attached relevant documentation to this form.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY HUMAN RESOURCE SERVICES**

- ☐ The request for reasonable accommodation is approved as requested.  
\_\_\_\_\_Purchase order completed \_\_\_\_\_Work order completed
- ☐ The request for reasonable accommodation is approved with the attached modifications.
- ☐ The request for reasonable accommodation is denied, the reasons for denial are attached. The employee can appeal this decision in writing within 10 business days of receiving this notice.

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date