



**DISABILITY ACCOMMODATION REQUEST FORM**

Department:	Division (Section):
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**SECTION I: Employee**

Name of Employee:	Job Title:
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Signature:	Date of Request:
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My disability impairs my ability to perform assigned job duties in the following way (attach additional pages if necessary):

The reasonable accommodation(s) I am requesting are (attach additional pages if necessary):

Alternatives I seek are:

**SECTION II: Employer**

Date of interactive meeting(s):

Date documents were reviewed:

Accommodation Request is:  Approved  Denied  Modified

If *modified*, describe modification and give rationale. If *denied*, give rationale. (Attach additional pages if necessary.)

Alternatives suggested:

Name of manager making decision:	Cost of Accommodation: <input type="checkbox"/> Estimate <input type="checkbox"/> Actual
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Name of other departmental/DER representative consulted with:	Date:
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Manager's Signature:	Date:
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The employee may submit additional information, documentation, alternative suggestions or requests at any time, including after this form has been completed.