



OFFICE OF HUMAN RESOURCES

EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

Employee Name: _____

Banner No.: _____

Position Title: _____

Date: _____

Supervisor's Name: _____

Employee - Once you have completed this section, please give this document to your immediate supervisor or forward to the Office of Human Resources.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform your job duties:

State the accommodation(s) you are requesting and any alternatives.

Supervisor/Human Resources - State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented.

Attn: Supervisor - Complete your portion of this form and send the original to the Office of Human Resources. This form may **not** be kept in the employee's personnel file.