



Appendix C

Request for Reasonable Accommodation

INSTRUCTIONS

This form is to be used by Departments in analyzing employee/applicant requests for reasonable accommodation for disabilities. Part One is to be completed by the employee and given to his/her Department EEO Representative. Part Two is to be completed and signed by the EEO Representative and Department Head. The EEO Representative must then forward the original forms to the Office of Equal Employment Opportunity.

PART ONE

INSTRUCTIONS: Please print and use ink. Employees requesting reasonable accommodation for disability are to complete this form and file it with their Department EEO Representative. Retain copies for your records. If you require assistance completing this form, please contact your EEO Representative and assistance will be provided to you.

Name: _____

Address: _____

Position Title: _____ Department: _____

Supervisor's Name: _____

Phone: Business () _____ Home () _____

1. Please describe the job duties expected of you for which you are requesting accommodation.

2. Please describe why you are requesting an accommodation. (Attach medical documentation in support of your request.)

3. Please describe any suggested reasonable accommodation.

Employee/Applicant's Signature: _____ Date: _____

THIS FORM CONTAINS CONFIDENTIAL INFORMATION AND MUST BE KEPT SEPARATE FROM PERSONNEL RECORDS.

PART TWO

INSTRUCTIONS: This section is to be completed and signed by the EEO Representative and Department Head and forwarded to the Office of Equal Employment Opportunity.

1. If the employee/applicant's need for an accommodation is not obvious, please request that the employee provide documentation in support of the request for accommodation.

2. What are the activities involved in the employee/applicant's position? Documentation, including but not limited to class specifications, performance standards, list of daily tasks, etc. must be attached to this form.

3. If the requested accommodation is granted, will it fundamentally alter the position or impact any other employee's job duties or position? Explain.

4. What specific duties require accommodation? Are these duties essential to the employee/applicant's position?

5. Are alternative accommodations possible? Explain.

6. What accommodation do you recommend? If none, explain.

7. What is the estimated cost of the accommodation?

8. Is an accommodation approved or denied? Explain.

Department Head: _____ Date: _____

EEO Representative: _____ Date: _____

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