



## EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

Please Print or Type

Employee Name:	Classification:	Date of Request:
Department:	Supervisor:	
*Attach additional sheets for questions below if necessary		
1. Please describe the nature of your disability, what life activity(s) it substantially limits, and how this life activity(s) is substantially limited.		
2. Type of accommodation requested to perform essential function(s):		
3. Which essential function(s) of your job will the requested accommodation(s) allow you to perform?		
4. Why is the requested accommodation necessary to perform the essential job function(s)?		
5. How will the requested accommodation be effective in allowing performance of the essential job function(s)?		
Signature of Employee:	Date:	
Signature of Supervisor:	Date:	
Signature of Vice President:	Date:	
Additional Comments:		

**Submit this form to the ADA Coordinator in Human Resources.**

Information on this form shall be confidential with the exceptions according to the [Rehabilitation Act of 1973, Section 504, Subd. 84.14, and the Americans with Disabilities Act of 1990, subd. P.L. 101-336, Sec. 102.C.](#)