



Policy 403.24-E Employee Request for Accommodation

Employee Name: _____

Current Position: _____

Supervisor Name: _____

Employee: Upon completion, please submit this document to your direct supervisor or the Human Resources Office.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform the essential functions of your job:

State the accommodations you are requesting and any alternate suggestions:

Employee Signature

Date

Human Resources

Date Received