

Employee Request for Reasonable Accommodation

Employee Name:

Job Title:

Date of Request:

Division:

This information will be used by _____ or any other person, including the agency's legal counsel, who is authorized by my employer to handle medical information for ADA/MHRA purposes and, any information concerning my physical or mental condition, that are necessary to determine whether I have a disability as defined by the Americans with Disabilities Act and/or the Minnesota Human Rights Act, and to determine whether any reasonable accommodations can be made. The provision of this information is voluntary, however if you refuse to provide it, your employer may refuse to provide reasonable accommodation.

1. Please describe the nature of your limitations, what life activity(s) it substantially limits, and how this life activity(s) is substantially limited.

2. How does it affect your ability to perform your job?

3. Type of accommodation you are requesting:

_____ Making facilities readily accessible

_____ Modification of equipment or devices

_____ Job restructuring

_____ Qualified reader or interpreter

_____ Part time or modified work schedule

_____ Acquisition of equipment or devices

_____ Modification to a rule, policy or practice

_____ Other (specify):

Please describe in detail the accommodation you are requesting:

4. How will the requested accommodation be effective in allowing you to perform the essential functions of your job?

5. Additional Comments:

Signature of Employee: _____ Date: _____