

**Employee Request for Disability Accommodations**

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**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**1. What specific accommodation(s) are you requesting?**

7. Have you ever received workplace or disability accommodations? YES  NO

If yes, what were they and how effective were they?

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8. How long was the accommodation provided? \_\_\_\_\_

9. If you are requesting a specific accommodation, how will that accommodation assist you?

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Please provide any additional information that might be useful in processing your accommodation request:

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Signature: \_\_\_\_\_ Date \_\_\_\_\_

All medical information will be maintained separately from personnel files and in accordance with all federal