



ACCOMMODATION REQUEST FORM

Name: _____ DOB: _____

Permanent Address: _____

City: _____ State: _____ Zip code: _____

Home phone/Cell Phone: _____ Employee # _____

Work phone _____ Email: _____

Department (Include building and office number):

Job title: _____

Job Description _____

- 1.) Describe the physical or mental impairment, illness, condition or disease that is the reason for this request. (Please only disclose conditions for which you need reasonable accommodations):

- 2.) Is your condition chronic, episodic and/or in remission?

- 3.) Detail how and to what extent (nature, frequency, severity and duration) each of your current health conditions are limiting one or more of your major life activities as these limitations relate to the essential functions of your job:



- 4.) Describe any and all essential job function(s) for which you need a reasonable accommodation and detail the type of reasonable accommodations that you believe will enable you to perform those functions. (If you are uncertain of what accommodation you may need, please indicate so):

- 5.) If your condition is episodic and/or in remission, please identify what reasonable accommodations are needed during an episode or flare up:

- 6.) Are you, or have you previously been, under the care of a physician or other healthcare provider for your condition? If so, please list the provider's name(s) and length of time for which you have sought care:

- 7.) Please explain any additional information you believe will be useful for the DSS Specialist to know:

The DSS Office will communicate with your supervisors and managers as needed regarding your disability and accommodations. It is the responsibility of you, DSS and your supervisor to implement these accommodations. As an employee, you are expected to advocate for yourself and notify DSS and/or your supervisor if the accommodations are not working or you no longer need them to perform your job.

I, _____, authorize the DSS Office to provide information to my supervisor(s) as needed.

Yes: _____ No: _____ Signature: _____ Date: _____