



REASONABLE ACCOMMODATION REQUEST FORM FOR EMPLOYEES

QUESTIONS TO CLARIFY ACCOMMODATION REQUESTED

Please explain in detail, what specific accommodation(s) you are requesting and for what disability?

Is the accommodation temporary? Yes No
If Yes, for how long will it be necessary?

If you are not sure what accommodation is needed do you have any suggestions about what options we can explore? Yes No

If yes, please explain.

Is your accommodation request time sensitive? Yes No
If Yes, when do you need to have the accommodation in place?

QUESTIONS TO DOCUMENT THE REASON FOR ACCOMMODATION REQUEST

Do you have documentation from a medical provider establishing that you are disabled and in need of an accommodation? Yes No

If no, you will be required to provide this documentation and sign a HIPAA release. You may also be subject to a medical exam by a physician assigned by the Village.

What, if any, job function(s) are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for the same limitation? Yes No
If yes, what were they and how effective were they?

Please return form to Human Resource Department

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

OTHER – PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MIGHT BE USEFUL IN PROCESSING YOUR ACCOMMODATION REQUEST.

Employee Signature

Date

Received by:

Date

Please return form to Human Resource Department