

Employee Accomodation Request

Date: _____

Employee: _____

Location/Branch: _____ Job Title: _____

1. Please provide a brief description of your limitation(s) that relate to your accommodation request:

2. How do these limitations affect your ability to perform the essential functions of your job?

3. Do you have a suggestion on an accommodation(s) that would assist you in performing the essential functions of your job in a safe and satisfactory manner? Yes No

If yes, please describe:

If you have any questions regarding my request, please contact me at _____

Signature: _____ Date: _____