



Employee Request for Accommodation

Please complete the following questions, telling us briefly why you have requested an interactive session to discuss your possible need for job accommodations.

Date: _____

Name: _____
(First) (Middle Name or Initial) (Last Name)

Address: _____

City: _____ State _____ Zip _____

Telephone Number: Work (_____) _____ Home (_____) _____

Dept/Div: _____

Job Title: _____ Supervisor _____

Supervisor's Title and Phone Number: _____

1. What impairment(s) do you have that you believe should be reasonably accommodated on the job?

2. Are you currently under a healthcare professional's care for this impairment? Yes No
If so, what is the doctor's name and address? _____

3. Check those activities that are substantially affected by your impairment(s).

Walking Standing Sitting Speaking Breathing
 Seeing Hearing Learning Manual tasks
 Lifting Caring for oneself other (please describe) _____

4. Please explain how your impairment(s) affects the activities you checked above: _____

5. Is/are your impairment(s) temporary or permanent? Temporary Permanent

If temporary, how long do you anticipate the impairment to last? _____

6. What, if any, medical treatment do you receive for your impairment? _____

7. a. Does your treatment necessitate taking time off work? Yes No

b. If yes, how much time? _____ How often do you need to take time off? _____

c. Are you currently on a reduced schedule or leave? Yes No

d. If yes, what is your current work schedule and what type of leave are you using? _____

8. Please list the specific job duties affected by your impairment(s): _____

9. How frequently do you perform these duties? _____

10. Please explain how your impairment(s) affect these duties: _____

11. What modification to our job duties or work environment, including the use of a device or technology, do you believe would allow you to perform the above listed duties? Please explain in detail such modifications, devices or technology and how this modification would allow you to perform these duties.

12. Do you already have any modifications to your job duties or work environment? Yes No

If yes, what are the modifications? _____

Genetic Information Nondiscrimination Act (GINA) of 2008

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, **we are asking that you not provide any genetic information when responding to this request for medical information.** “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

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