

Employee Request for Reasonable Accommodation **(Other than Leave)**

The purpose of this form is to assist the Research Foundation in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This form must be completed and returned to the office responsible for Research Foundation employees before any request for accommodation will be approved. Questions about this form should be directed to the office responsible for Research Foundation employees.

Part1: Accommodation Request Information

Employee Name: _____ Employee Number: _____
(please print or type)

Job Title: _____ Request Date: _____

Department: _____

1. What are the limitations caused by your condition(s) that you are currently experiencing? (What is getting in the way of you doing your job?)

2. Given your limitations, what parts of your assigned job duties are impeded by your condition? (What part of your job is being affected?)

3. Tell us what accommodation(s) you envision to make it possible for you to continue to do your job well. Please list all accommodation options.

Expected date the accommodation is to begin: _____

Expected date the accommodation will end: _____

Part II: Employee Entitlement and Certification

I understand that further medical documentation may be needed. I understand that I am responsible for notifying the Research Foundation immediately of any change in the accommodation request outlined above.

Employee's Signature: _____ Date: _____