



Reasonable Accommodation Request Form

(Once completed by the physician, this form goes to HR or to the employee.)

Today's date: _____

1. Employee's Name: _____

2. Clarification of the accommodation request:

What specific accommodation is being requested? _____

Estimated length of time for the accommodation? _____

3. Document the reason for the accommodation request:

What, if any, restrictions on job function is the employee having?

Has the employee had any accommodation in the past for this same limitation?

If yes, what was it and how effective was it? _____

If requesting a specific accommodation, how will this accommodation assist the employee?

Please attach any additional information that may be useful in processing the request.

Name of Health Care Provider: _____

Signature of Provider: _____

Type of Practice: _____

Address: _____

Telephone Number: _____