

ADA Reasonable Accommodation Request for Employees

1.) Clarification of accommodation you are requesting. (Please note additional space on back page if needed):

- ❖ What specific accommodation are you requesting?

- ❖ 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, please explain: _____

2.) Questions to document the reason for the accommodation request:

- ❖ What, if any, assigned/expected job functions(s) are you having difficulty performing?

- ❖ What, if any, employment benefit (s) are you having difficulty accessing?

- ❖ What limitation(s) is/are interfering with your ability to perform your job or access an employment benefit? _____

- ❖ Have you had any accommodations in the past for this same limitation? Yes No

If yes, what were they and how effective were they? _____

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

3.) Please provide any additional information that might be useful in processing your accommodation request: _____

Please return this form to the Human Resources Office in 324 Hardway Hall. Please have your physician/medical provider send the medical provider's letter directly to HR at hr@fairmontstate.edu.

Your signature

Please print your name

Date



FAIRMONT STATE UNIVERSITY™

ADA Accommodation – Reasonable Accommodation Request for Employee

Employee Name: _____ Date: _____
