

Request for Employee Job Accommodation or Alternative Job

Name of employee with disability needing assistance _____

Email _____ Job title _____

Phone _____ Work location _____

Current Status of employee: (Please check all that apply and record necessary information)

_____ On **medical leave** since (date) _____ Paid _____ Unpaid _____

_____ **Currently Working** with/without restrictions

If working with restrictions, please briefly explain

_____ Employee is not working and not on medical leave. S/he has not worked since _____

Briefly explain the nature of the disability which is preventing the employee from performing his/her job duties to the employers specifications:

Employer is requesting:

_____ Assistance with job accommodation in the present job

_____ Assistance securing a different job for the employee

_____ General consultation – unsure what is needed

Name of HR Representative or supervisor _____ Date _____

Signature of employee: _____ Date _____

**Please mail this form to Susan Chase (Employment Accessibility Coordinator),
Department of Human Resources, Room #210
Or FAX to 223-1379**

Date Received: _____