

EMPLOYEE REASONABLE ACCOMODATION REQUEST FORM

EMPLOYEE INFORMATION		
Name (Last, First, MI)		Personnel Number
Division		Job Classification
Home Address (Street, City, Zip)		
Work Phone Number:	Home Phone Number	Cell Phone Number
Work Email Address		Home Email Address (Optional)
Request Reasonable Accommodation		
Questions to clarify accommodation Requested.		
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.		
Questions to document the reason for accommodation request.		
What, if any, job function are you having difficulty performing?		
What, if any, employment benefit(s) are you having difficulty accessing?		
What limitation is interfering with your ability to perform your job or access an employment benefit?		

SUMMARY OF ACTIONS TAKEN

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?

Other

Please provide any additional information that might be useful in processing your accommodation request.

Decline Reasonable Accommodation

You do not have to complete and return the enclosed medical forms if one of the following pertains to you: (Please check the appropriate statement, sign and return this letter by the previously stated date).

I do not have a physical, mental, or sensory impairment(s) that requires reasonable accommodation.

I already returned the completed a Medical Inquiry Form and Reasonable Accommodation Request Form regarding the same disabling impairment for which I am currently seeking reasonable accommodation.

I have an open Worker's Compensation claim for an on-the-job injury, for which I have not been released to return to my job of injury or another job and I have no other conditions requiring accommodations.

I am not interested in exploring any reasonable accommodation that would allow me to remain at work at this time.

Comments (Optional):

The obligation to provide reasonable accommodation is ongoing. If in the future you think you have a disability that necessitates reasonable accommodation, please notify your supervisor.

Name:

Date:

E-mail completed form to accommodations@mil.wa.gov