

Employee Request for Reasonable Accommodation

Employee Name: _____ Job Title: _____

Date of Request: _____ Division: _____

This information will be used by Stephanie A. Miller, Director of Human Resources or any other person, including the agency's legal counsel, who is authorized by my employer to handle medical information for Americans with Disabilities Act and/or the Minnesota Human Rights Act (ADA/MHRA) purposes and, any information concerning my physical or mental condition, that are necessary to determine whether I have a disability as defined by the ADA/MHRA, and to determine whether any reasonable accommodations can be made. The provision of this information is voluntary, however if you refuse to provide it, your employer may refuse to provide reasonable accommodation

1. Please describe the nature of your limitations, what life activity(s) it substantially limits and, how this life activity(s) is substantially limited.

2. How does it affect your ability to perform your job?

3. Type of accommodation you are requesting:

- | | |
|---|---|
| <input type="checkbox"/> Making facilities readily accessible | <input type="checkbox"/> Modification of equipment or devices |
| <input type="checkbox"/> Job restructuring | <input type="checkbox"/> Qualified reader or interpreter |
| <input type="checkbox"/> Part time or modified work schedule | <input type="checkbox"/> Acquisition of equipment or devices |
| <input type="checkbox"/> Modification to a rule, policy or practice | <input type="checkbox"/> Other (specify): |

4. Please describe in detail the accommodation you are requesting: (use back if necessary)

5. How will the requested accommodation be effective in allowing you to perform the essential functions of your job?

6. Additional Comments:

Signature of Employee:

Date:
