

Americans with Disabilities Act (ADA) Employee Accommodation Request Form

Employee's Name: _____

Date: _____

Position: _____

1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected? Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working.

2. Describe how your condition limits your ability to perform the essential functions of your job.

3. Describe the accommodation you are requesting. Be as specific as possible.

4. Explain how the accommodations you are requesting will enable you to perform the essential functions of your job. Be specific.

5. Will you be able to perform all of the essential functions of your job if you receive the requested accommodation? If not, describe the specific functions you will not be able to perform.

6. Is there any other information that would help us evaluate your request? If yes, please explain.

Employee Signature

Date