


Tracking # _____

	<p style="text-align: center;">EMPLOYEE RELATIONS</p> <p style="text-align: center;">602.7FE – EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION TO PERFORM ESSENTIAL JOB FUNCTIONS (ADA) FORM</p>
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(To be completed by the employee who is requesting an accommodation. Contact your supervisor or the Executive Office Manager (Human Resources) if you have any questions or need assistance).

Name (Please print)

Job Title

Department or Division

Date of Request

I hereby request a reasonable accommodation that will enable me to perform the duties of the job title listed above.

Signature

Describe below how your disability limits you in performing certain essential functions of your job.

Describe what accommodations you are requesting that will enable you to perform the essential functions of your job. If you are aware of a piece of equipment, device or change in your work environment that will allow you to perform the essential functions of your job, please describe as specifically as possible below.

****THE SECTION BELOW IS TO BE COMPLETED BY DEPARTMENT/DIVISION SUPERVISOR OR EXECUTIVE OFFICE MANAGER (HUMAN RESOURCES).****

_____ APPROVE: I have discussed the request with the employee, and we have agreed that the following reasonable accommodation will be made:

_____ DENY: Please check applicable reason and provide an explanation below.

_____ Accommodation ineffective.

_____ Accommodation would cause undue hardship.

_____ Medical documentation inadequate.

_____ Accommodation would require removal of an essential function.

_____ Accommodation would require lowering of performance or production standards.

Explanation for denial:

Supervisor's Name

Supervisor's Job Title

Date

OR

Executive Office Manager (Human Resources)

Date

****ORIGINAL TO EXECUTIVE OFFICE MANAGER (HUMAN RESOURCES) , COPY TO SUPERVISOR AND EMPLOYEE****