



### Staff Member Request for Accommodations

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Position Title \_\_\_\_\_ Program \_\_\_\_\_

Supervisor Name \_\_\_\_\_

<p><b>Employee</b> - Once you have completed this section, please give this document to the Human Resources Department.</p>
<p>Identify your condition(s) and indicate how you believe each condition affects your ability to perform your job duties:</p>
<p>State the accommodation(s) you are requesting and any alternatives.</p>
<p><b>Human Resources</b> - State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented.</p>
<p><b>Attn: Supervisor</b> - Complete your portion of this form (ADA Checklist) and send the original to Human Resources. This form may not be kept in the employee's personnel file.</p>