



Request for Reasonable Accommodation—Member

Member Name _____ Requested By _____

Location(s): _____ Date of Request _____

Contact Information: _____ Reviewed By _____

Accommodation Requested and Reason: (Be as specific as possible, for example, adaptive equipment, reader, interpreter, training, room/venue change:

Is the Request (Circle One): Permanent Temporary Unknown

Anticipated Recovery Date: _____

Is the above-described Disability the Subject of a Worker's Compensation Claim: Yes No

Member Signature Date _____
Approving Supervisor Signature Date

OFFICE USE ONLY: Please describe, in detail, what accommodation was made