



## EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. I am requesting an accommodation for the following reason:

\_\_\_ I am applying for employment and a reasonable accommodation is necessary in order to comply with your application procedures and/or to safely and effectively perform the essential functions of the desired position listed above.

\_\_\_ I am currently employed by RCHSD and am requesting a reasonable accommodation in order to perform the essential functions of my existing position.

2. Summarize the primary responsibilities and attach a current copy of the job description in which you are currently employed or for the position that you are interested in applying for. (Please contact Human Resources, if you need a copy)

---

---

---

---

3. List limitations and restrictions from provider. Do you agree with these? If not, please explain why.

---

---

---

---

4. List any self-imposed limitations or restrictions.

---

---

---

---

5. Describe the essential functions of the position for which assistance is being requested. (e.g. reading, writing, driving, lifting, typing)

---

---

---

---

6. Describe any accommodations which you believe are necessary to allow you to effectively perform the essential functions of the position.

---

---

---

---

I certify that the information provided above is true and correct to the best of my knowledge.

---

**Employee Signature**

---

**Date**