

## Reasonable Accommodation Request Form

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The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of his or her job safely and effectively. This form will be filed separately from the employee's personnel file and be treated confidentially.

### **Section I: To be completed by employee requesting accommodation.**

I give Human Resources Disability Services or designee permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act and Washington State Anti-Discrimination Law. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements.

I further understand that I may be required to provide medical documentation to verify

- that I am a qualified employee with a disability,
- my work related limitations, and
- the necessity of my accommodation request(s).

Employee Signature: \_\_\_\_\_

Employee Name (PRINT): \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Employee # W \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).**

What are the limitations caused by your condition(s) that you are currently experiencing?

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What part(s) of your job duties are limited by your condition?

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Please state what accommodation(s) you feel are needed.

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**Please mail to Human Resources, MS 5221 Attn: Disability Services (Mark “Confidential”)**

**SECTION II: To be completed by Disability Services:**

Contacts Made and Recommendations:

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Accommodation Request is :  Approved  Denied

Reason denied (if applicable): \_\_\_\_\_

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List specific reasonable accommodation(s) approved:

Estimated cost of accommodation if known: \_\_\_\_\_