**COMPANY LETTERHEAD**

**ADA Reasonable Accommodation Request Form**

*Note: Review ADA Policy for additional guidance.*

**Requestor’s Information**

Name: Title:

Work Location:

Phone: Work Schedule: Supervisor:

**Describe the essential job function(s) you are having difficulty performing?**

**What limitation is interfering with your ability to perform your job or access an employment benefit?**

**What specific accommodation are you requesting?**

**Specify how this accommodation will assist you to perform the essential functions of your job.**

**Please sign and date this request. You do not need to sign if submitting this form by email.**

**Signature** **Date**

*Requests are processed as quickly as possible. Timing may vary depending on the nature and complexity of the request. If you require assistance completing this form, please contact the EEO Officer NAME at PHONE NUMBER/EMAIL ADDRESS.*

**For Administrative Use Only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Date Received**

**Action Taken**

**EEO Officer Signature Date**

 **Date**