

REQUEST FOR REASONABLE ACCOMMODATION



This form may assist you in requesting an accommodation, but informal and verbal requests will also be sufficient to initiate the process. Please return completed form to the YC Human Resources Department, Prescott Campus.

SECTION I – EMPLOYEE INFORMATION – PLEASE PRINT		Date of Request:
Last Name:	First Name:	MI:
Phone Number:	Job Title:	
Email:	Department:	
SECTION II – REQUEST INFORMATION		
<p>What is the Accommodation you are requesting? Please be as specific as possible.</p> <p>Is your request time sensitive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What limitation or condition is interfering with your ability to perform your job?</p> <p>What job function or task are you having difficulty performing and/or what employment benefit or privilege are you having difficulty accessing, if any?</p> <p>How will the requested accommodation assist you?</p> <p>***Please attach any other information you think would be useful in evaluating your request.***</p>		
SECTION III – ACKNOWLEDGEMENT & SIGNATURE		
I understand that all information obtained by my employer during this process will be maintained and used in compliance with ADA confidentiality requirements. I also understand that I may be required to provide my employer with medical documentation about my condition, its functional limitations, and appropriate accommodations.		
Employee Signature: _____		Date: _____
Human Resources Signature: _____		Date: _____
Y# _____	Position _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> ADJ <input type="checkbox"/> ST