**EMPLOYEE REQUEST FOR DISABILITY-RELATED ACCOMMODATIONS**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position**:

**Phone**: **Email**:

**Work Location and/or Supervisor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation Requested: (Please be specific)

Reason for Request – please explain your disability-related limitations and how an accommodation will help you do your job - ***\*\*\*DO NOT GIVE A DIAGNOSIS\*\*\****
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated recovery date (if known):

Do you have functional limitations? (e.g. standing, walking, sitting, seeing, hearing, carrying)

Is your limitation: Permanent Temporary Unknown

Is the above described disability the subject of a worker’s compensation claim? Employees with work-related injuries may also be eligible for a reasonable accommodation independent of the worker’s compensation process.)

 Yes No If yes, date filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you requested FMLA, CFRA, PLD or other leave in conjunction with the above described disability?

 Yes No If yes, please specify what you requested and when: \_\_\_\_\_\_\_\_\_\_\_\_\_

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I verify that the above information is true and correct to the best of my knowledge and agree to allow this information to be reviewed by the necessary parties to enable my accommodation.

I acknowledge that the information above regarding my job status and essential job function is correct to the best of my knowledge. I also acknowledge that this request for an accommodation is both reasonable and within the scope of the job tasks assigned to me.

Employee Signature: Date:

Note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II From requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.