



## Americans with Disabilities Act Request for Reasonable Accommodation

<b>EMPLOYEE DATA</b>			
Employee Name		AASIS Personnel Number	
Job Title		Division / Work Unit	
Functional Job Title		Location	
E-Mail Address		Office Telephone Number	
Employee Signature		Signature Date	
<b>DISABILITY DATA</b>			
1.	Indicate your disability and how it limits any major life function(s) that relate to your job		
2.	If it is relevant to your request for reasonable accommodation, describe the effect(s) of any mitigating measures you are using (medication, assistive technologies, mobility devices, etc.)		
3.	Describe any functions of your job that you cannot perform or how your condition impairs your ability to perform any aspect of your work.		
4.	Describe the accommodation(s) you are requesting (You are not required to request a specific accommodation, and the accommodation(s) you request will not be the only one(s) considered)		
	Examples of accommodations include the following:		
a.	Purchase work-related equipment -- Specify:		
b.	Modify work-related equipment -- Specify:		
c.	Modify or transfer work location -- Specify:		
d.	Modify work schedule -- Specify:		
e.	Restructure job duties -- Specify:		
f.	Provide additional leave (unpaid only) -- Specify:		
g.	Reassignment to another position -- Specify:		
h.	Unknown		
i.	Other – Specify:		

