

EMPLOYEE'S REQUEST FOR REASONABLE ACCOMMODATION - CONFIDENTIAL

Dear Employer;

Please accept this form as my formal request for reasonable accommodations under American with Disabilities Act (ADA) and under California's Fair Employment Housing Act (FEHA). I will like to arrange a face to face interactive meeting with designated staff as soon as possible in order to address my request for reasonable accommodation. This form summarizes my current needs in need of immediate response, see below.

FULL NAME:		DATE OF THIS FORM:
CURRENT MAILING ADDRESS:		
WORK PHONE:	HOME / CELL PHONE:	EMAIL:

PREFERRED METHOD OF CONTACT (check all that apply): <input type="checkbox"/> Home/Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail	
REGULAR / CURRENT JOB TITLE:	DEPARTMENT / DIVISION:
MY CURRENT WORK STATUS : (Checked all that apply) <input type="checkbox"/> Not Working / Ready to Return <input type="checkbox"/> Working Regular Job <input type="checkbox"/> Working Part Time <input type="checkbox"/> Working Full Time, In Light Duty <input type="checkbox"/> Totally Temporarily Disabled <input type="checkbox"/> Partially Temporarily Disabled <input type="checkbox"/> Currently on Medical Leave FMLA / CFRA /PDL <input type="checkbox"/> Currently/Recently Released to work with work restrictions improvement <input type="checkbox"/> Working Full Time, Light Duty <input type="checkbox"/> Other: _____	

AT MY UPCOMING INTERACTIVE MEETING I WILL LIKE TO DISCUSS THE FOLLOWING REASONABLE ACCOMMODATION(S) OPTIONS: (I have checked all that apply) <input type="checkbox"/> Temporary Light Duty Work <input type="checkbox"/> Modification To Current Workplace Policies <input type="checkbox"/> A Work Site Modification That Allows Me Accessibility To Building and/or Job Site <input type="checkbox"/> Reassignment To A Vacant Position Within My Current Job Class <input type="checkbox"/> A Qualifying Leave Policy, I Could Exercise Paid Or Unpaid Leave <input type="checkbox"/> Modifications To Existing Equipment Or Devices <input type="checkbox"/> Purchase Of Assistive Equipment / Devices <input type="checkbox"/> Adjustment To Training Or Testing Procedure <input type="checkbox"/> Job To Be Restructured To Accommodate My Work Restriction <input type="checkbox"/> Paid Or Unpaid Leave To Allow For Time For Recovery Or Improvement From Current Work Limitations / Work Restriction <input type="checkbox"/> A Redesign Of My Current Workload Patterns <input type="checkbox"/> Modification Of My Current Work Schedule / Shift <input type="checkbox"/> Assistance Of Another Employee <input type="checkbox"/> OTHER: explain below: _____ _____ _____

THE EVENT THAT TRIGGERED MY REQUEST FOR REASONABLE ACCOMMODATION IS AS FOLLOWS:

- For My Own Serious Medical Condition I Have Been Released To Work With Temporary Work Restrictions
 My Current Reasonable Accommodation In Place No Longer Meet My Needs My Work Restrictions Have Changed
 I've Been Released To Full Duty With No Work Restrictions Request Equal Access / Benefits Of Available Services / Activities
 I Have A Temporary Medical Condition in Need of Reasonable Accommodations Restrictions Other: _____
- _____

THE FOLLOWING IS A LIST OF ESSENTIAL JOB DUTIES FOR WHICH I AM REQUESTING REASONABLE ACCOMMODATION:

- 1) _____
2) _____
3) _____
4) _____
5) _____

CHECK ALL THAT APPLY:

- I have attached a medical note outlining my current work restrictions in need of reasonable accommodation(s).
 I do not have a medical documentation at this time, I will have supporting medical documentation by: _____ (date)
 My disability and need for reasonable accommodation in the workplace is/are obvious. I do not have supporting documentation.
 At this time I don't have a medical note to support my request for reasonable accommodation. The following are my subjective (from my point of view) work restriction/work limitation in need of reasonable accommodation(s):

THE DURATION OF MY CURRENT WORK RESTRICTIONS / WORK LIMITATIONS IS AS FOLLOWS?

- UNKNOWN AT THIS TIME PERMANENT / LIFETIME UNTIL THE FOLLOWING DATE: _____

I am available for an interactive meeting on the following dates and times. Please set up an interactive meeting as soon as possible.

Date: _____ / Time: _____; Date: _____ / Time: _____; Date: _____ / Time: _____

I hereby certify that I am disabled as defined by the Federal Americans with Disabilities Act (ADA), California Fair Employment Housing Act (FEHA) and other applicable statutes and require reasonable accommodation. I understand that I am required to provide documentation of my disability/medical condition and need for reasonable accommodation. I agree to cooperate fully with this request and throughout the interactive process. I understand that if my request is granted, I am obligated to report any changes to my disability status which may require a re-evaluation of this request. Granting of this request does not signify approval of any future reasonable accommodation request for any other position within my current department or any other department or site within our organization

Signature:

Date:

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