

## ACCOMMODATION REQUEST FORM – EMPLOYEE FORM

Employee Name: \_\_\_\_\_

Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employee ID: \_\_\_\_\_

***Please provide the following information. Use additional pages or provide documentation as needed.***

- 1) Identify your disability or physical or mental impairment(s) or limitation(s) or religious beliefs for and accommodation request:
  
- 2) Explain how this impairs or limits your ability to perform assigned job duties:
  
- 3) Expected duration of the accommodation request:
  
- 4) What specific accommodation(s) are you requesting, if known?
  
- 5) If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain or attach information.
  
- 6) If appropriate, has a health care professional recommended a specific accommodation? Please describe or attach documentation:
  
- 7) Is your accommodation request time sensitive? If yes, please explain.
  
- 8) If you are requesting a specific accommodation(s), how will that accommodation(s) assist you to perform your job?
  
- 9) Have you had any accommodations in the past for this same limitation? If yes, what were they and how did the accommodation(s) help you perform your job?
  
- 10) Please provide any additional information that might be useful in processing your accommodation request. We will set up a time to meet to discuss your request.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the Human Resources Department at [HR@lafilm.edu](mailto:HR@lafilm.edu).