

EMPLOYEE ACCOMMODATION REQUEST FORM

An employee who seeks an accommodation has the responsibility to make the request and provide reasonable documentation and adequate information for the need of an accommodation. Completion of this form is voluntary; however, failure to provide information may result in a denial of your request. The enacting of an accommodation does not imply that the City of Saint Paul regards or considers an employee disabled. All information relating to an accommodation request, including medical documentation and this form, shall be maintained in a separate file and shall be treated as confidential medical records with access limited to those who need to be informed including, but not limited to, supervisors/managers, legal counsel, human resources, first aid personnel (when appropriate), and government officials investigating compliance issues.

Name:	Address:
Telephone:	Job Title:
Department:	Supervisor:

A. Questions to Clarify Accommodation(s) Requested
Describe the specific accommodation you are requesting.
How long do you anticipate this accommodation will be necessary? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary From _____ Until _____
Have you received any accommodations in the past for this same limitation? <input type="checkbox"/> No <input type="checkbox"/> Yes (What were the accommodations and how effective were they?)
B. Questions to Document Reason (s) for Request
Identify your physical or psychological condition and describe the limitations associated with your condition.

Briefly describe how your condition limits your ability to perform your job duties. Be specific about how the condition impairs your ability in each instance.

Explain how the accommodation you are requesting will enable you to perform your job duties.

C. Other

Please provide any additional information, if necessary that may help in processing your request or suggestions on how the requested accommodation(s) can be provided. (Attach additional pages)

Employee Signature

Date

Internal Use Only

Date Received: _____

Received By: _____

Accommodation Requested is Approved Denied Modified

If *modified* describe modification and give rationale. If *denied*, give rationale. (Attach additional pages if necessary.)

**EMPLOYEE ACCOMMODATION REQUEST:
INSTRUCTIONS TO THE EMPLOYEE**

To the Employee:

- If you believe you need an accommodation in employment, use this form when requesting any type of accommodation for a physical or psychological condition.
- If you have applicable medical documentation or need additional space, attach it to this form.
- When completed, present this form to your Supervisor or Department Accommodation Coordinator.
- This form is the beginning of an interactive process between the Employee and City. The process may include but is not limited to subsequent meetings, additional documentation, and further medical evaluations.

For assistance in completing this form or for related questions contact your Department's Accommodation Coordinator or the City Accommodations Coordinator.