REASONABLE ACCOMMODATION REQUEST FORm (option 2)

|  |  |
| --- | --- |
| Name:  First M.I. Last |   Employee ID Number |
| PositionApplied For:  | Date ofRequest:  |

This information is ***VOLUNTARY***. You are under no obligation to provide this information. If you are an individual who needs reasonable accommodation, we would like to know what we can do. If you need help doing your job, you can assist us by telling us about the accommodation (i.e., help, assistance, special tools, job changes, etc.) that we could make to enable you to perform the job properly and safely. ***Your answer will be kept confidential to the extent possible and used in compliance with applicable law.***

**Reasonable Accommodation** (If you need assistance or help to perform part of your job, complete this section.) What portions of the job do you need some type of aid or help (accommodation)?

|  |  |
| --- | --- |
| Standing at work station |  |
| Using tools of the trade |  |
| Bending |  |
| Stooping |  |
| Lifting |  |
| Grasping and holding materials |  |
| Moving materials |  |
| Small detail work |  |
| Reading instructions |  |
| Overtime |  |
| Attendance |  |

Other (explain):

What type of help do you need?

I certify that the information that I have provided is true and accurate to the best of my knowledge. I understand that any misrepresentation may be cause for dismissal.

Employee/Applicant Signature

**\*WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***