

Reasonable Accommodation Request Form

THIS FORM WILL NOT BE PLACED IN YOUR APPLICATION OR PERSONNEL FILE AND WILL BE MAINTAINED WITHIN THE EEOA OFFICE. THE CONTENTS OF THIS REQUEST WILL BE KEPT IN CONFIDENCE EXCEPT AS NEEDED TO FACILITATE THE ACCOMMODATION. ALL REQUESTS ARE DETERMINED ON A CASE-BY-CASE BASIS.

- Please check this box if you have attached your current job description*
 Please check this box if you are a designated onsite employee

Name: _____ Job Title: _____
GWID: _____ Email Address(es): _____
Dept. Name/School: _____ HR Representative: _____
Supervisor's Name & Title: _____ Supervisor's #: _____

Contact Information

Home Address & Phone Number	GW Location Address & Phone Number

Are you eligible for and/or using leave under the Family and Medical Leave Act? Yes No

Are you eligible for and/or using short/long term disability? Yes No

You may attach any medical documentation that may assist us in making a determination in your case. Please be advised in some cases medical documentation may be required.

Describe the nature of your disability.

Describe how your disability will/may impact your work performance.

Requested accommodation and anticipated duration of accommodation.

Medical Provider(s) Name: _____

Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

I AM REQUESTING AN ACCOMMODATION. TO ASSIST EEOA IN ESTABLISHING MY ACCOMMODATION NEEDS, I AGREE TO PROVIDE ADDITIONAL DOCUMENTATION AND/OR A RELEASE FOR EEOA TO DISCUSS MY ACCOMMODATION REQUEST WITH THE APPROPRIATE MEDICAL PROFESSIONAL.

Employee Signature: _____ *Date:* _____

EEOA Receipt Date
