

ADA ACCOMMODATION REQUEST FORM

Name:

Employee ID:

Job Title:

Job Location:

Supervisor's Name:

What, if any, job function are you having difficulty performing?

What limitation(s) is interfering with your ability to perform your job?

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain.

Is your accommodation request time sensitive? If yes, please explain.

Have you had any accommodations in the past for this same limitation?
If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

Please provide any additional information that might be useful in processing your accommodation request.

Signature

Date

Return this form to:

HumanResources@ferris.edu