UW – STOUT REASONABLE ACCOMMODATION REQUEST FORM

Employ	bloyee Name:	Date:	
Job Titl	Title: Department:		
1.	1. What specific accommodation are you requesting?		
2.	2. If you are not sure what accommodation is needed, do yo we can explore?	ou have any suggestions about what options	
3.	3. Is your accommodation time sensitive? Yes □ No □		
	If <i>yes,</i> please explain.		
4.	4. What, if any, job function are you having difficulty perfor	ming?	
5.	5. What limitation is interfering with your ability to perform	your job?	

- 6. If you are requesting a specific accommodation, how will that accommodation assist you?
- 7. Please provide any additional information including relevant medical documentation that should be considered when processing your accommodation request.

Employee Signature

Date

Please return this form and any relevant medical documentation to the Human Resources Office, 203	
Administration Building.	

Employer Section

Accommodation Request is:

- Approved
- Denied
- Modified

If modified, describe and provide rationale. If denied, provide rationale:

Name of Person Making Decision:						
Cost of Accommodation:	Estimate	Actual				
Signature:	Date:					