



REQUEST FOR REASONABLE ACCOMMODATION

SECTION 1: REQUESTOR INFORMATION FOR EMPLOYEE

FIRST NAME		LAST NAME		JOB TITLE	
WORK ADDRESS (street)			CITY	STATE	ZIP
HOME ADDRESS (street)			CITY	STATE	ZIP
HOME PHONE	HOME EMAIL		WORK PHONE	WORK EMAIL	
If calling during standard business hours, which phone number should be used? <input type="checkbox"/> Work <input type="checkbox"/> Home					

SECTION 2: REQUESTOR INFORMATION FOR NON-EMPLOYEE

FIRST NAME		LAST NAME		RELATIONSHIP TO EMPLOYEE	
ADDRESS (street)		CITY	STATE	ZIP	
PHONE (daytime)			EMAIL		

SECTION 3: ACCOMMODATION INFORMATION

1. Is the employee requesting accommodation currently reporting to work? Yes No

If yes, are any temporary accommodations being provided at this time? Yes No

If yes, describe below.

If no, what is the current employment situation? (e.g., FML, sick leave)

2. What part of the current job can no longer be done without accommodation?

3. List medication restrictions. (Medical restrictions shall be supported by appropriate documents from a healthcare provider. If the employee in need of accommodation has an obvious disability, no restrictions need to be listed. A brief description of the impairment will suffice.)

4. How long are these restrictions expected to continue?



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SECTION 3: ACCOMMODATION INFORMATION *(cont.)*

5. What specific accommodation is being requested?

6. How will this accommodation assist in making performance of job possible?

7. Have other accommodations been made in the past? If so, explain.

8. Additional comments

SIGNATURE OF EMPLOYEE MAKING REQUEST

DATE

For questions or additional information, please contact:

Office of Human Resource Management
TCOB, 6th Floor West
200 Mero Street
Frankfort, KY 40622
Phone (502) 564-4610
Fax (502) 564-6683