



REASONABLE ACCOMMODATION REQUEST FORM

This form is to be completed by employee		
Employee Name	Date of Request	
Job Title	Department	
Questions to clarify accommodation requested		
1. What specific accommodation are you requesting?		
2. If unsure about the required accommodation, do you have any suggestions for options to explore?	Yes	No
If yes, please explain.		
3. Is your accommodation request time sensitive?	Yes	No
If yes, please explain.		
Questions to document the reason for accommodation request		
4. What, if any, job function are you having difficulty performing?		
5. What, if any, employment benefit are you having difficulty accessing?		
6. What limitation is interfering with your ability to perform your job or access an employment benefit?		
7. Have you had any accommodations in the past for this same limitation?	Yes	No
If yes, what were they and how effective were they?		
8. If you are requesting a specific accommodation, how will it assist you?		
Signature		
Employee Signature	Date	
Please return this form along with any other additional information that might be useful in processing this accommodation to: Judy Zavalydriga jaz308@lehigh.edu		