



# Human Resource Services

## Reasonable Accommodation Request Form

SECTION I: EMPLOYEE/APPLICANT INFORMATION			
Last Name: <a href="#">Click here to enter text.</a>	First Name: <a href="#">Click here to enter text.</a>	Middle Initial: <a href="#">Click here to enter text.</a>	Employee ID: <a href="#">Click here to enter text.</a>
Division: <a href="#">Choose an item.</a>	Job Title: <a href="#">Click here to enter text.</a>	Location: <a href="#">Click here to enter text.</a>	
Phone Number: <a href="#">Click here to enter text.</a>		E-mail: <a href="#">Click here to enter text.</a>	
Immediate Supervisor: <a href="#">Click here to enter text.</a>		Supervisor's Phone Number: <a href="#">Click here to enter text.</a>	
SECTION II: STATEMENT OF NEED FOR ACCOMODATION			
<p><i>I am requesting a reasonable accommodation in the workplace for my disability or as an applicant for a vacant position. Further, I understand that I <u>may</u> be asked to provide documentation from an appropriate medical source establishing that I have a disability and that the requested accommodations are necessary to perform essential functions of my position or to apply for a vacant position.</i></p> <p>I am unable to perform the following essential functions of my position or apply for a vacant position without an accommodation:  <a href="#">Click here to enter text.</a></p>			
SECTION III: REQUEST FOR ACCOMODATION			
<p><i>I request that I be provided with the following accommodations to assist me in performing the essential functions of my position.</i></p>			
<input type="checkbox"/> <b>Assistive Equipment</b> Please describe equipment you are requesting DOJ provide: <a href="#">Click here to enter text.</a>			
<input type="checkbox"/> <b>Facilities Modification</b> Please describe: <a href="#">Click here to enter text.</a>			
<input type="checkbox"/> <b>Interpreter: sign language, reader or real time captioning</b>			
<input type="checkbox"/> <b>Classroom Reassignment</b> Please describe: <a href="#">Click here to enter text.</a>			
<input type="checkbox"/> <b>Schedule Change</b> Duration: <a href="#">Click here to enter a date.</a> to <a href="#">Click here to enter a date.</a> Please describe: <a href="#">Click here to enter text.</a>			
<input type="checkbox"/> <b>Other Accommodation</b> Please describe: <a href="#">Click here to enter text.</a>			
<p><b>The above described accommodation(s) will assist me to perform my essential job functions or allow me to apply for a vacant position as follows:</b>  <a href="#">Click here to enter text.</a></p>			

Alternative reasonable accommodations that may be effective are:

[Click here to enter text.](#)

**SECTION IV: SIGNATURES**

\_\_\_\_\_  
Employee/Applicant (or Representative) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager Signature

\_\_\_\_\_  
Date Received

**Please forward the completed form to the Human Resources (ADA/EEO) Officer at  
302 North Roberts, Helena MT 59620**

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