



Request for Reasonable Accommodation

Date of Request: _____

Employee's Name: _____

Job Title: _____

Department: _____

Work Phone #: _____ Email: _____

What is the accommodation you are requesting? Please be specific as possible.

Is your request time sensitive? Yes No

What limitation or condition is interfering with your ability to perform your job?

What job function or task are you having difficulty performing?

What employment benefit or privilege are you having difficulty accessing (if any)?

How will the requested accommodation assist you?

Please provide any other information you think would be useful in evaluating your request.

I understand that all information obtained by my employer during this process will be maintained and used in compliance with ADA confidentiality requirements. I also understand that I may be required to provide my employer with medical documentation about my condition, its functional limitations, and appropriate accommodations.

Employee Signature

Date

When you have completed this form, please send it to the Human Resources Department.

Email: mbonilla@gfcmsu.edu

On campus: Office G17

Mailing Address: 2100 16th Ave S, Great Falls, MT 59405