

ADA Accommodation Request

Completion of this form begins the accommodation review process. Employees who believe they need a workplace accommodation because of a medical condition or disability should complete this form and return it to management.

Employee Information

Name

Date of Request

Position / Location

Request Details

Condition or limitation affecting your ability to perform job duties

Job duties that are difficult to perform

Accommodation requested

Employees must be able to perform the essential functions of their position, with or without reasonable accommodation.

Is this request temporary or ongoing?

Temporary Ongoing Not sure

If temporary, expected duration

Medical documentation (if available) should be attached

Documentation attached None provided at this time

Employee Signature

Signature

Date

Management Use Only

Follow the ADA Accommodation Review Process when evaluating this request:
https://www.aldridgeinc.com/employees/handbook/include/ADA_3-Step.php

Request received by

Date received

Decision

Approved Approved with modification Denied

Notes / summary of discussion