

Forward Journey Adult Day Services  
Reasonable Accommodation Request Form

**Once completed, return this form to your manager.**

**Employee Name** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>A. Clarify the specific accommodation are you requesting.</b>		
1. What specific accommodation are you requesting? <u>Be specific</u> . Examples include time off, late arrival/early departure, change to job duties, etc.		
2. What is the time frame of your request (i.e. Starting when? Lasting for how long? Intermittent time?)		
3. If you are not sure what accommodation is needed, what suggestions or ideas do you have that we can explore		
<b>B. Explain the reason for your request.</b>		
4. What job function are you having difficulty performing? What is the limitation/situation that is interfering with your ability to perform your job?		
5. Have you had an accommodation in the past for this same limitation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what was the accommodation and was it effective?		
6. How will this specific accommodation assist you in performing your job responsibilities?		

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**C. Additional Information and Signature.**

7. Please provide any additional information that might be useful in processing your accommodation request:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**D. Physician and/or Organization (i.e. School) Statement**

- 1. Indicate name or description of employee's medical condition and or situation (if not medically related) that limits the employee's work and life activities.
  
  
  
  
  
  
  
  
  
  
- 2. Describe the specific recommended accommodation.
  
  
  
  
  
  
  
  
  
  
- 3. Indicate a start and end date, with a possible need for extension upon evaluation.
  
  
  
  
  
  
  
  
  
  
- 4. Physician/Practice or Organizational Information

Practice/Org Name	
Address	
Phone	
Fax	

\_\_\_\_\_  
**Physician/Admin Name (Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**E. Manager / HR Comments**

Interactive Discussion held on \_\_\_\_\_ (date)

Approved \_\_\_\_\_ (date)

Denied \_\_\_\_\_ (date)

By \_\_\_\_\_ (name and title)