Reasonable Accommodation Request Form

Employee: Complete this form if you have a physical or mental impairment that (1) makes achievement unusually difficult or limits the capacity to work (s. 111.32(8), Wis. Stats.) and (2) may be removed through the provision of a reasonable accommodation. Follow the procedures in your agency's Reasonable Accommodation Policy. **Please save a copy for your personal records. Please be aware that the employer may request additional information from you or your treating medical professional to evaluate your requests. Your cooperation is a necessary part of the interactive process when addressing accommodation requests.**

Supervisor: You are required to review and respond to written or oral requests for an accommodation. Complete Sections II and follow any additional procedures according to your agency's Reasonable Accommodation Policy.

Section I: Employee

Name of Employee:	Job Title:	
Agency:	**Division (or secondary unit):**	**Employee's Work number:**

*1. My health impairment substantially limits one or more of the following major life activities or bodily functions (Diagnosis Code and description): Check all that apply

Activities of Daily Living (ADL)	Cognitive Abilities (COG)	Irritants and Sensitivities (SEN)
☐ Breathing ADL100	☐ Attention/Concentration COG100	☐ Chemical or Industrial SEN100
☐ Eating ADL101	☐ Decision Making COG101	☐ Environmental SEN101
☐ Sleeping ADL102	☐ Memorizing COG102	☐ Food SEN102
☐ Toileting ADL103	☐ Organizing COG103	☐ Fragrance/Personal Products SEN103
☐ Stamina ADL104	☐ Prioritizing COG104	☐ Lighting SEN104
☐ **Other ADL105	☐ Remembering COG105	☐ Noise SEN105
	☐ Comprehension COG106	☐ Smoke SEN106
	☐ **Other COG107	☐ Temperature SEN107
		☐ **Other SEN108

Hearing (HEA)	Fine Motor Skills (FMS)	Communication (COM)
☐ Hearing HEA100	☐ Gripping/Grasping/Pinching FMS100	☐ Speaking COM100
☐ Hearing in Group Settings HEA101	☐ Hand/Eye Coordination FMS101	☐ Writing/Reporting/Documenting COM101
☐ Responding to Audible Cues/Alarms HEA102	☐ Keyboarding/Using the Mouse FMS102	☐ **Other COM102
☐ **Other HEA103	☐ **Other FMS103	

Mobility (MOB)	Vision (VIS)	Working (WRK)
☐ Bending MOB100	☐ Accessing Visual Information VIS100	☐ Accessing Work-site WRK100
☐ Balancing MOB101	☐ Completing Forms and Documents VIS101	☐ Accessing Workspace WRK101
☐ Carrying MOB102	☐ Physically Navigating Work Site VIS102	☐ Reduced Work Schedule WRK102
☐ Climbing MOB103	☐ Reading Written Materials VIS103	☐ **Other WRK103
☐ Kneeling MOB 104	☐ Responding to Visual Cues/Alarms VIS104	
☐ Lifting MOB 105	☐ **Other VIS105	
☐ Operating a Vehicle MOB106		
☐ Pushing/Pulling MOB107		☐ Religious Accommodation REL100
☐ Reaching MOB108		☐ Military Accommodation MIL100
☐ Sitting MOB109		☐ Nursing Mothers NUR100
☐ Squatting MOB110		
☐ Standing MOB111		☐ **Other OTH100 (Used only if no other code applies)
☐ Twisting/Turning MOB112		
☐ Walking MOB113		
☐ **Other MOB114		

**Additional information:

2. Describe how your impairment interferes with your ability to perform your assigned job duties:

Attach additional pages as needed

3. What specific accommodations are you requesting? (Attach additional pages as needed)

Employee Signature:	Date of Request:

Section II: Supervisor

1. Job Analysis – List and describe the essential job responsibilities and duties. Attach additional pages as necessary.

2. Based upon the employee's verified impairment and the essential job responsibilities and duties, identify the impact of the employee's impairment on his or her ability to do the job. If none, explain. Attach additional pages as necessary.

3. Describe the potential impact of the requested accommodation on productivity or other employees in the work unit.

4. Describe the estimated cost of the reasonable accommodation request (e.g. purchase of equipment, additional staff needs or time, training expenses, shift in job duties, etc).

Supervisor Print and Sign	Date:

Section III: Accommodation Specialist

*Accommodation Type (Use Accommodation Type list): Employee or Employer Suggested Option

*Description:

* Status:	Approved	Denied-Employer	Declined-Employee	Implemented	***Cost:**

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*Description:

* Status:	Approved	Denied-Employer	Declined-Employee	Implemented	***Cost:**

*Accommodation Type (Use Accommodation Type list): Employee or Employer Suggested Option

*Description:

* Status:	Approved	Denied-Employer	Declined-Employee	Implemented	***Cost:**

This disability accommodation request was reviewed by the Agency's designated accommodation specialist.
Accommodating Specialist's Name (Print and Sign)

Date:

* Enter data in PeopleSoft   Update accommodation option status in PeopleSoft when changes occur