REASONABLE ACCOMMODATIONS FORM

Date Prepared:_____

Preparer:_____

Name of Employee:

Title:

Job Objectives: (Purposes of the position)

Accommodation(s) Requested by Employee:

Essential Job Functions: (Functions essential to attaining Job Objectives)

Agreed Upon Reasonable Accommodation(s):

Job Standards: (Minimum qualifications needed to perform Essential Job Functions)

Job Location: (Place(s) where work is performed)

Agreed Upon Reasonable Accommodation(s):

Equipment: (Machines, devices, tools, etc., used in job performance)

Agreed Upon Reasonable Accommodation(s):

Critical Skills/Expertise: (Needed for this job specifically)

Non-essential Functions: (Marginal tasks performed by incumbent of this position)

Agreed Upon Reasonable Accommodation(s):

Accommodation(s) Requested by Employee but Refused by District:

Reason(s) for Refusal:

- ρ Undue financial hardship
- ρ Accommodation fundamentally affects Essential Job Function
- ρ Alternative accommodation will be provided
- ρ Request not supported by medical documentation and necessity not evident
- ρ Other_____

Employee was given a copy of this completed form by _____ on _____.

_____
Employee Signature