



Elizabethtown College

Human Resources

Reasonable Accommodation Request

Please complete all areas of this form, sign it, and forward it to Human Resources for approval.

Employee Name: _____ SSN: _____

Position: _____

Department: _____ Extension: _____

Describe how you would be limited in performing the essential functions of the job. _____

Describe the potential accommodations which could reasonably accommodate you in performing the function of your job.

Employee Signature

Date

This section completed by Human Resources.

Describe essential functions of the job. _____

Check appropriate box:

After consideration of the above request, the following reasonable accommodation(s) will be implemented to enable the employee to perform the essential functions of his/her position.

After consideration of the above request, the following reasonable accommodation(s) will not be implemented because of undue hardship upon the College. Alternate accommodations suggested below.

Approval: _____

Associate Vice President for Human Resources

Date

Date accommodation was in place: _____

Confirmed by: _____