

# Reasonable Accommodation Request

Section 1: Applicant's or Employee's Information	
<b>Notes:</b> Additional information, including medical information will be needed to process the accommodation request.	
First Name:	Last Name:
Telephone:	E-mail Address:
Position:	Supervisor's Name:
Today's Date:	Request Begin Date:
Section 2: Reasonable Accommodation Information	
What specific accommodation are you requesting:	
What, if any, job function are you having difficulty performing:	
What limitation is limiting your ability to perform your job?	
Have you had accommodations in the past for this same limitation? If yes, what were they and how effective were they?	

If you are requesting a specific accommodation how will that accommodation assist you?

**Step 3: Please have your medical provider fax information to support the accommodation request to (603) 899-4236.** All health information obtained by the University in connection with a request for a Reasonable Accommodation will be kept confidential and maintained by Human Resources in a separate, employee health information file.

Please provide any addition information/documentation that might be useful in processing your accommodation request:

**Step 4: Sign and Submit form and any documentation to [hrdept@franklinpierce.edu](mailto:hrdept@franklinpierce.edu)**

**Employee Signature:**

The University, through Human Resources, engages in the Interactive Process with the individual requesting an accommodation. An individual requesting an accommodation is strongly encouraged to participate in and cooperate throughout the Interactive Process. Human Resources works collaboratively with the individual requesting an accommodation and the supervisor (if appropriate) to identify a mutually agreeable Reasonable Accommodation. For an employee requesting an accommodation, Human Resources will:

1. Consult with the employee's supervisor concerning the substance of the request and, in conjunction with the employee's supervisor, analyze the Essential Functions as defined in the position description.
2. Consult with the employee to determine the position-related limitation(s) resulting from the employee's Disability and how the limitation(s) could be overcome by a Reasonable Accommodation.
3. If possible, identify in consultation with the employee and the supervisor, Reasonable Accommodation(s) that may overcome the limitation(s) and assess the effectiveness and feasibility of the proposed accommodation(s).

Depending on the nature of the Disability and Essential Functions of the position, a Reasonable Accommodation may be temporary or long-term.

**Step 5: Human Resources Review and Decision:**

**Supervisor signature:**