

Reasonable Accommodation Request Form



Part 1: To be completed by Employee

Name: _____ Program: _____

Date of request: _____

Program Director: _____

Type of Accommodation Requested: Medical Religious Other

Requested accommodation:

Essential Job Function that the requested accommodation relates to:

Length of time the accommodation is needed: _____

Describe the religious belief/practice, medical condition, or other issue that necessitates this request for accommodation:

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. _____
2. _____
3. _____

I have read and understand River Valley Child Development Services' policy on reasonable accommodation. I understand that the accommodation requested above may not be granted, but that the agency will attempt to provide a reasonable accommodation that does not create an undue hardship on the agency. I understand that River Valley Child Development Services may need to obtain supporting documentation regarding my religious practice/beliefs, medical condition, etc. to further evaluate my request for an accommodation.

Employee signature: _____ Date: _____

Program Director signature: _____ Date: _____

Determination: Accommodation approved Forwarded to HR Generalist for completion of Part 2

Brief Summary of Agreed Upon Accommodation:

Once determination for Part 1 has been made, Program Director submits form to HR Generalist within two business days of receipt.

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Part 2: To be completed by Human Resource Generalist

Consultation Activities

Parties Involved: _____

Date initial discussion occurred: _____

Essential Job Functions discussed: Yes No

Potential Impact to Program (if any): _____

Additional information required (i.e., medical certification form, professional consultation): Yes No

If yes, list here: _____

If yes is indicated, then additional information and notes of further discussion(s) will be attached. Once a decision is made from the review of requested additional information by the parties involved, please continue to Final Resolution.

If no is indicated, please continue to Final Resolution.

Final Resolution

Approved

Final accommodation agreed upon:

Denied

Explanation of undue hardship:

Accommodation Refused by Employee

Explanation:

Date resolution discussed with employee: _____

Human Resource Generalist: _____ Date: _____