

REQUEST FOR REASONABLE ACCOMMODATION

1. Name	2. Classification	RA OFFICE USE ONLY Date Received _____ Received By _____ Date Discussed w/ Employee _____
3. Division/Section	4. Work Phone	
5. Alternate Phone	6. Supervisor's Name and Phone Number	

“Disability” includes a physical or mental impairment that limits one or more major life activities. Major life activities include such things as caring for one self, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning and working.

“Reasonable Accommodation” includes any modification that enables an employee to perform the essential functions of the job.

These definitions are provided only as a guide for completing this form. Nothing in this form is intended to alter the legal definitions of these terms or impose obligations not required by law.

7. Please explain your specific disability limitations.

8. Attach letter, signed and dated, from your physician, which (A) verifies your specific limitation(s), and (B) describes the effect(s) of the limitation(s) in performing the essential functions of your job.

Medical Verification attached

MEDICAL VERIFICATION MUST MEET THE FOLLOWING CRITERIA:

- The documentation must be written on official letterhead of the qualified health professional or health professional's organization.
- The health professional's credentials must be identified, e.g., M.D., RN, Physical Therapist.
- The documentation must be signed by the health professional.
- Describe the limitations caused by the disability; e.g., no prolonged walking (describe how far); no prolonged sitting (describe how long and in what setting); rest periods needed (how often and for how long), etc. The limitations must be described in detail as they currently exist and only in relationship to the job.
- The documentation must indicate the extent to which the accommodation will permit the employee to perform the essential functions of the job.

9. **TYPE OF ACCOMMODATION REQUESTED** specifically describe your Request (Attach a separate sheet if needed).

10. **Identify the function(s) of your job which you are unable to perform without reasonable accommodation(s).**

11. **Describe how the above accommodation(s) will allow you to perform the essential functions of your job.** (Attach separate sheet if needed).

If your request cannot be granted at your current work location, indicate below where you would be willing to relocate your employment provided there is a vacant position for which you qualify:

Sacramento

El Monte

Not willing to relocate at this time.

I hereby agree that all of the information stated above is true and correct to the best of my knowledge.

Employee Signature	Date
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PRIVACY NOTICE – The information you provide will be used to evaluate your eligibility for, and if appropriate, assist in the implementation of reasonable accommodation. This request and documents relating to it will be maintained in a confidential manner and may be reviewed by contacting the Reasonable Accommodation Coordinator.