



REASONABLE ACCOMMODATION SUPERVISOR REVIEW FORM

Date: _____

1. Name of individual requesting reasonable accommodation: _____

2. Job Title (include occupational series and Pay Grade): _____
Employee Duty Location: _____

3. Supervisor Contact Information:

Phone: _____

Email: _____

4. Describe disability and functional limitations: _____

5. Describe accommodations being requested and purpose for request: _____

6. List essential functions of the position and indicate whether the employee can perform the function with the requested accommodation:

- a. _____ YES NO N/A*
- b. _____ YES NO N/A*
- c. _____ YES NO N/A*
- d. _____ YES NO N/A*

*Accommodation not necessary to perform this function. (Attach additional pages if necessary)

7. Was medical information provided? If yes, indicate by whom and identify who reviewed medical information.

8. Describe steps taken to evaluate effectiveness and feasibility of requested accommodation.

Print Name (Supervisor)

Signature/Date