

Non-ADA Reasonable Accommodation Request Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

A physician's statement containing supporting documentation and information that may be helpful in evaluating this request for accommodation is required and must be submitted together with this request form.

**Questions to Clarify Requested Accommodation**

What specific accommodation(s) are you requesting?

**Questions to Document the Reason for Requested Accommodation**

What specific essential job function(s) are you having difficulty performing?

What limitation in interfering with your ability to perform the essential job function(s) outlined above or access an employment benefit?

Have you had any accommodations in the past for this same limitation?

Yes

No

If yes, what was/were the accommodation(s) and how effective were they?

How will the requested accommodation assist you in performing the essential function(s) of your job?

**Other**

Please provide any additional information that might be useful in processing your accommodation request. Please include any information contained in the physician's statement accompanying this request.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

*To be completed by the Human Resources Department.*

Physician's statement submitted?

Yes

No

Accommodation approved?

Yes

No

Please submit this completed request form and all required supporting documentation to the DBH Human Resources Department through email at [hr@dbhutah.org](mailto:hr@dbhutah.org), in person, or through inter-office mail.