

ACCOMMODATION REQUEST FORM FOR EMPLOYEES

1. What specific accommodation(s) are you requesting?

2. If you are not sure what accommodation(s) is needed, do you have any suggestions about what options we can explore?

Yes No

If yes, explain.

3. Is your accommodation request time sensitive?

Yes No

If yes, explain.

4. What, if any, essential job functions are you having difficulty performing?

5. What, if any, employment facilities and program are you having difficulty accessing?

6. What limitation is interfering with your ability to perform your job or access an employment facility or program?

7. Have you previously been accommodated during your employment with Contra Costa County? Yes No

If yes, what were they and how effective were they?

You may be required to provide medical documentation, if necessary, to process your accommodation request. If you are unable to provide the necessary documentation, the County may obtain it's own medical assessment.

Signature

Date

Additional attachments can be made to this form.