<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please Print)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial Entity:</th>
<th>Job Classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### A. Questions to clarify accommodation requested.

**What specific accommodation(s) are you requesting?**

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, please explain, or attach information.

Is your accommodation(s) request time sensitive?

- Yes ☐
- No ☐

If yes, please explain.

### B. Questions to document the reason for accommodation request.

**What, if any, job function are you having difficulty performing?**

**What, if any, employment benefit are you having difficulty accessing?**

**What physical or mental limitation(s) or impairment(s) is interfering with your ability to perform your job or access an employment benefit?**

Have you had any accommodation(s) in the past for this same limitation?

- Yes ☐
- No ☐

If yes, what were they and how did the accommodation(s) help you perform your job?

If you are requesting a specific accommodation(s), how will that accommodation assist you?

### C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

_____________________________   _______________
Signature       Date

Return this form to ______________________