



ACCOMMODATION REQUEST FORM

Employee Name (Last, First, Middle Initial)	
Employee Position/Title	Employee ID #
Department	Campus
Employee Phone Number	Employee Email

Please provide the following information and documentation as needed.

<p>1. Please describe the nature of your impairment(s) or limitation(s) ("Disability"):</p>
<p>2. Are you having difficulty performing your job duties as a result of your Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please identify the job duties that you are having difficulty performing as a result of your Disability:</p>
<p>3. Are you having difficulty accessing an employment benefit as a result of your Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please identify the employment benefits that you are having difficulty accessing as a result of your Disability:</p>
<p>4. Please explain how your Disability impairs or limits your ability to perform your job duties or to access a employment benefit:</p>
<p>5. What is the expected duration of your Disability?</p>



<p>6. Are you requesting specific accommodation(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES:</p> <ul style="list-style-type: none"> • Please describe the accommodation(s) you are requesting: • Please describe how the accommodation(s) will assist you to perform your job duties or access an employment benefit: • Were the accommodation(s) recommended by a health care professional? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please explain or attach documentation regarding how your options will assist you to perform your job duties or access an employment benefit:</p>
<p>8. Is your accommodation request time sensitive? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please explain why your request is time sensitive:</p>
<p>9. Have you had any accommodations in the past for this same limitation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, what were the accommodation(s) and how did they help you perform your job duties or access an employment benefit?</p>

Please provide any additional information or documentation that might be useful in processing your accommodation request. We will schedule a meeting with you to discuss your request

 Signature

 Date

**Please return this form to the Human Resources Department
 Darsh Dave
 Room: Ilima 209
 Email: darsh@hawaii.edu
 Phone: 808-734-9574**