

JOB ACCOMMODATION REQUEST FORM

Barry-Lawrence Regional Library

To initiate this request, please complete this form and attach any relevant supporting documentation. Give the completed form to your immediate supervisor.

Employee Information:

Name: _____

Date: _____

Position: _____

Branch: _____

Work Schedule (Days and Hours): _____

Accommodation Request Information: *(Please attach any relevant supporting documentation)*

Medical Work Schedule Other: _____

1. Describe your requested accommodation?

2. Is the accommodation request temporary or permanent?

3. If request is for medical reasons, describe your limitation(s) and how they will affect your ability to do your job?

4. How do you believe the library will be able to accommodate your request?

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Request approved denied

Director Signature and Date

Board President Signature and Date

