



Department of Human Resources Request for Accommodation

Part 1: To be completed by employee

Name: _____ Department: _____

Date of request: _____

Name of Immediate supervisor: _____

Employee email address: _____

Employee Contact number: _____

Accommodations requested (Mark all applicable): Exemption from vaccination

A. Modification of work schedule (Describe work schedule change below) Remote work Modification of assigned work area (Describe change below) Erection of barrier Other (Please describe below).

***Note: The identification of a specific accommodation does not guarantee the provision of the specific accommodation requested. The law does not require an employer to provide a choice of accommodation. The request will be reviewed and evaluated based upon reasonableness and whether hardship will occur.**

Attach additional sheet if necessary.

B. Length of time the accommodation is needed: _____

C. Is the request for accommodation based upon a disability? If the request for accommodation is based on disability, please answer the following questions and provide medical documentation to support.

(a) What activity is limited by your impairment?

(b) What employment functions are you having trouble performing based upon the impairment?

(c) What employment functions are you not able to perform based upon the impairment?

(d) How will the requested accommodation enable you to perform the job functions?

D. Have you requested the accommodation based on a sincerely held religious belief or practice? Yes No. If yes, please describe the sincerely held religious belief or practice.

Describe any alternate accommodations that might address your needs:

I understand that the accommodation requested above may not be granted but the City of Jackson will make reasonable effort to explore accommodations which do not result in an undue hardship. I understand that the City of Jackson may request supporting documentation to aid in its evaluation of the request.

I agree to participate and engage in the interactive process regarding the request for accommodation and understand that if I refuse to participate in the interactive process or provide supporting documentation, then it may result in the accommodation being delayed or not provided.

Employee Signature: _____ Date: _____

Employee Name: (Print) _____ Date: _____