

Exhibit A

REQUEST FOR REASONABLE ACCOMODATIONS

Employee Name: _____

Building: _____

Location: _____

Telephone: _____ Date of Request: _____

Accommodations Requested

(Check as Appropriate)

Work Station Modification _____

e.g., desk, chair or other
furniture

Job Task Accommodations _____

e.g., changes to job task,
interpreters

Equipment Accommodations _____

e.g., computers, optacons,
enlargers or Braille machines

Facility Modifications _____

e.g., rest room modifications,
ramps, elevators

Detail the specific accommodation(s) requested:

Justification for accommodations requested: Continue on plain white bond, as needed):
