



1021 Kingsway, Suite 1
Cape Girardeau, MO 63701

www.job4you.org

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Accommodation Request Form

Please complete this form as part of your request for an accommodation. Submit this document directly to the WDBSE Appointed Staff Member listed at the end of this request form, submitting medical documentation to support your request is optional. For questions or concerns, please contact the Equal Opportunity Officer and refer to the Workforce Development Board's Accommodation Policy.

Employee Information:

Name:	
Job Title:	
Work Location:	
Supervisor's Name:	

1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected? Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking or sitting. This list is not exhaustive.

2. Describe how your condition limits your ability to perform the essential functions of your job. Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.

3. Describe the accommodation you are requesting.

4. Is the need for this accommodation likely to be temporary or permanent? If temporary, how long do you estimate the need for this accommodation to exist?

5. Explain how the accommodations you are requesting will enable you to perform the essential functions of your job. Be specific.

6. Will you be able to perform all of the essential functions of your job if you receive the requested accommodation? If not, describe the specific functions you will not be able to perform.

7. Please provide as much information about your requested accommodation, to include vendor or model number and approximate cost of any equipment requested. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your job? If you do, explain what type of assistance you need.

I certify that the information that I have provided is true and accurate to the best of my knowledge. I understand that any misrepresentation may be cause for my termination.

Employee Name (Please print)

Work Telephone

Employee Signature

Date

Submit your Accommodation Request to:
Gretchen Morse
Workforce Development Board of Southeast Missouri
1021 Kingsway Dr, Suite 1
Cape Girardeau, Mo 63701
Phone: (573) 334-0990
Fax: (573) 334-0335
Email: gmorse@job4you.org