

REQUEST FOR ACCOMMODATION

This form is used to request an accommodation from the Washington State School for the Blind (WSSB). This initial information will be part of an interactive process with you as we explore your request. This form will be kept separate from your personnel file. The responses may generate the need for additional medical information. Please submit completed form, along with your medical documentation, to the Human Resources Office.

Name:

Job Title:

Supervisor:

Contact Info:

1. What limitation(s) is interfering with your job performance?
2. What job function(s) or benefits of employment are you having difficulty performing or accessing because of that limitation(s)?
3. Please describe and suggested accommodation(s) that you believe will assist you in addressing the above referenced limitation(s):
4. Explain how that suggested accommodation(s) will assist you.
5. If applicable, identify the source and/or cost (if known) for providing the accommodation(s).

Employee Signature:

Date:

Human Resources Signature:

Date:

Approved based on above recommended accommodations:

COMMENTS: