

# MACOMB COUNTY

## Human Resources and Labor Relations Department

1 South Main Street, 6<sup>th</sup> Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

### Reasonable Accommodation Request

#### Instructions:

This Reasonable Accommodation Request Form must be used when an employee or applicant requests an accommodation to perform essential job functions. To make a request for an accommodation, the requester must:

- Complete this form and return it to the Benefits Administrator in Human Resources and Labor Relations.
- Submit a "Medical Certification for Reasonable Accommodation Request" form, if determined necessary by Human Resources and Labor Relations.

#### Contact Information

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Applicant

Employee

Name: \_\_\_\_\_

Employee ID (if applicable): \_\_\_\_\_

Primary Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Position (or desired position, if applicant): \_\_\_\_\_

Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Work Schedule (days/hours, full-time, part-time, etc.): \_\_\_\_\_

Work Location: \_\_\_\_\_

#### Accommodation Request (Attach additional pages if necessary)

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1. Reasonable accommodation requested for (select one):

Performing Job functions; Accessing Work Environment

Accessing a Benefit/Privilege of Employment (e.g., attend training, etc.)

2. Indicate the physical and/or mental impairment(s) that lead to this request for reasonable accommodation. Note: it is not necessary to indicate a specific diagnosis.

3. Explain how the impairment(s) affect the ability to successfully complete your job duties.

4. What is the expected duration of the disability?

5. What specific accommodation(s) are you requesting, if known?

6. If you are not sure what accommodation is needed, do you have any suggestions about options to explore? If yes, please provide.

7. Has a health care Professional recommended a specific accommodation? Please describe or attach documentation.

8. Is your accommodation request time sensitive? If yes, explain.

9. Please provide any additional information that might be useful in processing your request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit to Human Resources and Labor Relations**

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**For Completion by Human Resources and Labor Relations**

Date Received: \_\_\_\_\_

By: \_\_\_\_\_