

**Request for Reasonable Workplace Accommodation**

**REQUESTING EMPLOYEE INFORMATION**

<b>Name:</b>	<b>Payroll ID:</b>
<b>Department:</b>	<b>State Title:</b>

**ACCOMODATION REQUEST**

It is necessary for me to have this accommodation for the following reasons:

  
  
  
  

**ALERT! ---- Medical documentation for this accommodation should only be submitted to Human Resources**  
**Employee completes the section above and forwards this form to their Supervisor/Department Head**

<b>Requesting Employee Signature:</b>	<b>Date:</b>
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**SUPERVISOR/DEPARTMENT RESPONSE**

<input type="checkbox"/>	The department will provide the requested reasonable accommodation without additional documentation or assistance.
<input type="checkbox"/>	The department supports the above request for reasonable accommodations but is unable to provide such accommodation(s) without financial assistance.
<input type="checkbox"/>	The department requests an evaluation of the duties of the position to determine the essential duties and the appropriateness of the request.
<input type="checkbox"/>	The department lacks the information necessary to make a decision at this time, therefore, refers this request for a reasonable accommodation to Human Resources.
<input type="checkbox"/>	The department recommends denial of the request for reasons described here:

<b>Supervisor/Department Head PRINTED NAME:</b>	<b>State Title:</b>
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<b>Supervisor/Department Head SIGNATURE:</b>	<b>Date:</b>
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**Return this form to Human Resources**

Phone: (413) 572-8746 – Fax: (413) 572-5628 – Email: [benefits@westfield.ma.edu](mailto:benefits@westfield.ma.edu)

**HUMAN RESOURCES**

Request Status: