



Human Resource Services

Reasonable Accommodation Request Form

SECTION I: EMPLOYEE/APPLICANT INFORMATION			
Last Name: Click here to enter text.	First Name: Click here to enter text.	Middle Initial: Click here to enter text.	Employee ID: Click here to enter text.
Division: Choose an item.	Job Title: Click here to enter text.	Location: Click here to enter text.	
Phone Number: Click here to enter text.		E-mail: Click here to enter text.	
Immediate Supervisor: Click here to enter text.		Supervisor's Phone Number: Click here to enter text.	
SECTION II: STATEMENT OF NEED FOR ACCOMODATION			
<p><i>I am requesting a reasonable accommodation in the workplace for my disability or as an applicant for a vacant position. Further, I understand that I <u>may</u> be asked to provide documentation from an appropriate medical source establishing that I have a disability and that the requested accommodations are necessary to perform essential functions of my position or to apply for a vacant position.</i></p> <p>I am unable to perform the following essential functions of my position or apply for a vacant position without an accommodation: Click here to enter text.</p>			
SECTION III: REQUEST FOR ACCOMODATION			
<p><i>I request that I be provided with the following accommodations to assist me in performing the essential functions of my position.</i></p>			
<input type="checkbox"/> Assistive Equipment Please describe equipment you are requesting DOJ provide: Click here to enter text.			
<input type="checkbox"/> Facilities Modification Please describe: Click here to enter text.			
<input type="checkbox"/> Interpreter: sign language, reader or real time captioning			
<input type="checkbox"/> Classroom Reassignment Please describe: Click here to enter text.			
<input type="checkbox"/> Schedule Change Duration: Click here to enter a date. to Click here to enter a date. Please describe: Click here to enter text.			
<input type="checkbox"/> Other Accommodation Please describe: Click here to enter text.			
<p>The above described accommodation(s) will assist me to perform my essential job functions or allow me to apply for a vacant position as follows: Click here to enter text.</p>			

Alternative reasonable accommodations that may be effective are:

[Click here to enter text.](#)

SECTION IV: SIGNATURES

Employee/Applicant (or Representative) Signature

Date

Supervisor/Manager Signature

Date Received

Please email the completed form to DOJCSDHR@mt.gov

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