

## REASONABLE ACCOMMODATION REQUEST FORM

NAME: \_\_\_\_\_ JOB TITLE/DEPT: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ DATE: \_\_\_\_\_

I am requesting a reasonable accommodation in the workplace for my disability. Attached is documentation from an appropriate medical source establishing that I have a disability.

I am unable to perform the following essential functions of my position without an accommodation:

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I request I be provided with the following accommodations to assist me in performing the essential functions of my position:

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The above described accommodation(s) will assist me to perform my essential job functions as follows:

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Alternative reasonable accommodations that may be effective are:

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\_\_\_\_\_/\_\_\_\_\_  
Employee/Applicant Signature/ Date

\_\_\_\_\_/\_\_\_\_\_  
Supervisor/Manager Signature/ Date Received

**Please give this form to your supervisor. If you wish, you may also forward the completed form to the ADA Coordinator at the Office of Equal Opportunity, 609 Buena Vista NE, Albuquerque, NM 87131;505-277-5251 or email: [oeounm@unm.edu](mailto:oeounm@unm.edu).**