

3. List the accommodation(s) you are requesting in order to perform your essential job functions. Note: Accommodation is any modification to a job, practice, policy, equipment, schedules, or the work environment that allows an individual with a disability to participate equally in an employment opportunity.

4. Add any comments you feel may be helpful in our consideration of your request.

5. Medical verification of the impairment(s) (check the appropriate box):

NOTE: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I have enclosed the applicable medical documents with this request.

The disability and need for a reasonable accommodation is obvious and no medical documentation is needed. Explain.

NOTE: Vj g"Wpłxgtukł "qh'P gy 'O gzlęq reserves the right to request documentation if the evaluator believes more information is needed to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.