



**Grinnell College  
Employee Accommodation Request  
Form**

The purpose of this form is to assist the College in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of his/her/hir job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

Employee: \_\_\_\_\_ Campus phone \_\_\_\_\_

Campus Box \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

**Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).**

What is your current diagnosis/condition(s) for which you are requesting accommodations?

\_\_\_\_\_

What are the limitations caused by your diagnosis/condition(s) that you are currently experiencing?

Given your limitations, what parts of your assigned job duties are impacted by your condition?

In order to get us thinking about an effective accommodation, tell us what changes are needed to make it possible for you to continue to do the job well.