



State of Illinois Reasonable Accommodation Request for Employees

Pursuant to the requirements of state and federal laws, a qualified individual with a disability has the right to request reasonable accommodation in conjunction with his or her employment. Reasonable accommodation means a modification to application procedure, access to the work site, and adjustment to the work process or work schedule that would enable a person with a disability to perform a particular job. Employers are not required to provide accommodations that would impose undue hardship on the operations of their programs. The procedures for accommodation request appear on the back of this form. Completed accommodation request forms should be submitted to the immediate supervisor, with a copy to the agency's EEO/AA Officer and/or the ADA Coordinator. The agency EEO/AA Officer and/or the ADA Coordinator can respond to questions about the accommodation process.

Name	Job Title	Division	Telephone Number
Functional Limitations			

SPECIFY TYPE OF ACCOMMODATION NEEDED AND PROVIDE A DETAILED DESCRIPTION OF THE ITEM REQUESTED – PLEASE BE SPECIFIC

- Purchase or modification of equipment or devices _____
- Job restructuring or task modification _____
- Provision of reader, sign language interpreter or personal assistant _____
- Structural modification to work site or facility _____
- Modification of work schedule or leave policy _____
- Modification of examinations, training materials or personal assistant _____
- Reassignment to vacant position _____
- Other _____

Narrative Explanation

Describe how your functional limitation interferes with performance of a particular duty or participation in an activity sponsored by the employer. Explain how the requested accommodation would be used to enhance job performance or would allow you to participate in an employer-sponsored activity. (Use additional sheets if necessary)

Employee's Signature	Date
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RAC Recommendation Grant Deny Date _____
 (RAC's initials _____) Return for _____

Chief Executive Officer's Final Action Grant Deny Date _____
 (CEO's initials _____) Return for _____

Remarks _____
