



Reasonable Accommodation Request Form

Employee/Requester Section (This form may be completed by the employee or on behalf of the employee.)

Request Date: _____

Employee/Applicant needing accommodation (name): _____

Employee/Applicant contact phone number (day): _____

Employee/Applicant department name: _____

Supervisor or hiring supervisor (name): _____

Employee's job title/job applied for: _____

Who is completing this request form?: _____

If someone other than employee/applicant is requesting accommodation, has employee been informed? YES NO

What type of accommodation does this employee or applicant need? (Be specific: Translation, Sign Language Assistance, Schedule Change, etc.)

What limitation or condition is interfering with this employee's ability to perform the job or job tasks?

What job functions or tasks is this employee having difficulty performing?

What employment benefits or privileges is the employee having difficulty accessing (if any)?

Is this request time sensitive? YES NO If so, please explain the timeframe and why:

Managers and Human Resources Representatives must submit this form via the company intranet.

If an employee is submitting this form, they may do so in the following ways:

Fax: (336) 714-3054; Email: dinglis@goodwillnwc.org or mail: Diana Inglis, Human Resources Dept, 2701 University Pky, Winston-Salem, NC 27105. **No matter how the form is sent, the requestor and/or their supervisor should contact Diana Inglis at: 336 724-3625, ext. 1265 to inform her it has been submitted.**

Employee Signature: _____ Date: _____