

# ACCOMMODATION REQUEST FORM for Employees

Email this completed form to [karmstrong@maine.edu](mailto:karmstrong@maine.edu) or contact the ADA Coordinator by calling (207) 581-1227. The completed form may also faxed to (207) 581-1214

## CONTACT INFORMATION

**First Name**

**Last Name**

**Employee ID** *(if known)*

**Date Request Submitted**

**Campus**

**Department**

**Email**

**Phone**

## WORKPLACE LIMITATIONS

**What, if any, job function are you having difficulty performing?**

**What, if any, employment benefit are you having difficulty accessing?**

**What limitation is interfering with your ability to perform your job or access an employment benefit?**

**Have you had any accommodations in the past for this same limitation?**

**Yes**

**No**

**If yes, what were they and were the effective?**

## ACCOMMODATION REQUESTED

**What accommodations are you requesting?**

**If you are requesting a specific accommodation, how will that accommodation assist you?**

**If you are unsure of what accommodation is needed, do you have any suggestions we can explore? *Please explain.***

**Is your request time sensitive? *Please explain.***

**Please provide any additional information that might be useful in processing your request.**