

(This is a confidential form and will be submitted by the requesting employee directly to their supervisor and Stratus.hr.)

Part 1 :: Employee Information

Client/Company Name: _____

Employee Name: (First Middle Last) _____

Employee ID*:

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AND/OR Last 4 of SSN:

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Employee Job Title: _____

Employee Phone #: _____ Employee Email: _____

Physician Name: _____ Physician Phone #: _____

Physician Address: _____ Physician Fax #: _____

Employee's Supervisor: _____ Supervisor Phone #: _____

Part 2 :: Type of Accommodation Requested & Reason for Accommodation

Accommodation Requested: (please be as detailed as possible, e.g., assistive technology, reader, interpreter, schedule change)

Reason For Request:

I authorize the release of necessary confidential medical information regarding my disability to relevant hiring managers as deemed necessary by Stratus.hr and my worksite employer. I also attest to the fact that a copy of the position description has been given to me for review and reference.

Employee Signature _____ Date (MM/DD/YYYY) _____

Part 3 :: Employer Resolution

Accommodation(s): Approved as requested Approved, but modified* Denied

Nature of Accommodation:

<input type="checkbox"/> Make existing facilities accessible	<input type="checkbox"/> Acquiring or modifying equipment	<input type="checkbox"/> Reassignment to a vacant position
<input type="checkbox"/> Job restructuring	<input type="checkbox"/> Changing tests, training materials, or policies	
<input type="checkbox"/> Part-time or modified work schedules	<input type="checkbox"/> Provide qualified readers or interpreters	Cost of accommodation: \$ _____
<input type="checkbox"/> Other (Please identify): _____		

*If the approved accommodation is different from the one(s) originally requested, identify the alternative accommodation(s):

If an alternative accommodation was offered, indicate whether employee Accepted Rejected

Request denied because: (may check more than one box):

<input type="checkbox"/> Employee does not have a Rehabilitation Act disability	<input type="checkbox"/> Medical documentation inadequate
<input type="checkbox"/> Accommodation ineffective	<input type="checkbox"/> Accommodation would require removal of essential job function(s)
<input type="checkbox"/> Accommodation would cause undue hardship	<input type="checkbox"/> Accommodation would require lowering performance or production standards
<input type="checkbox"/> Other (Please identify): _____	

Signature of Supervisor _____ Date (MM/DD/YYYY) _____

*Enter your Employee ID, if known. Your Employee ID can be found on your paystub, in Tech Center or on the Mobile App. The number of digits in your Employee ID may be less than the space available above.