



CONFIDENTIAL

**Form 18: Request for Accommodation**

Employee's Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Reasons for Requesting Accommodation**

Is this request the result of a work related injury or illness?

☐ YES

☐ NO

How long do you expect your illness or injury to last? \_\_\_\_\_

Please describe the symptoms or conditions which have led you to make this request for accommodation and explain how they interfere with your ability to meet the requirements of your position or provide regular attendance.

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**Suggested Accommodation**

If you believe that there are specific initiatives, such as workplace adaptations, that would enable you to meet the requirements of your position and provide regular attendance, then please describe them. If you believe you could do some of your regular duties or different duties, then please list them here.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_