

## Kyrene School District – Employee Accommodation Request Form

**Please use this form if you are requesting workplace accommodations to assist you in fulfilling the essential functions of your job.**

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes  No

If yes, please explain.

Is your accommodation request time sensitive? Yes  No

If yes, please explain.

**Please provide additional detail to support your request.**

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 how effective were they?

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

### Additional Information

Please provide any additional information that might be useful in processing your accommodation request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form to: Talent Management/ Benefits via interoffice or email attachment [benefits@kyrene.org](mailto:benefits@kyrene.org)

Submission of this form will begin the interactive process between the district, you and your Supervisor(s). A meeting to further discuss your request and health provider recommendations may be required.