



**Alcorn**  
State University

### EMPLOYEE REQUEST FOR ACCOMMODATION

**Instructions:** Deliver this form to the Office of Human Resources Management.

Employee Name \_\_\_\_\_ A # \_\_\_\_\_

Position Title \_\_\_\_\_ Dept. \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Date \_\_\_\_\_

**Employee** – Once you have completed this section, please give this document to your supervisor or submit to the Office of Human Resources Management

Identify your condition(s) and indicate how you believe each condition affects your ability to perform your job duties:

State the accommodation(s) you are requesting and any alternatives:

**Supervisor/Human Resources Management** – State whether the requested accommodation(s) was/were approved or denied. If approved, state the accommodation(s) that will be implemented

**Attn: Managers** – Complete your portion of this form and send the original to the Office of Human Resources Management. This form may not be kept in the employee's personnel file.

Employee/Applicant Signature \_\_\_\_\_

Submit this form to the Office of Human Resources Management