



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