



## Reasonable Accommodation/ Workplace Assistance Request

Employees experiencing limitations or restrictions due to a medically related condition may require modifications to the manner in which they perform their job duties, or to the tools and equipment needed for their position. Once you fill out this request form, a consultation with the City Occupational Accommodations Specialist will be arranged.

Employee Name \_\_\_\_\_

Department \_\_\_\_\_ Work Location \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Supervisor \_\_\_\_\_

Accommodation/Workplace Assistance Requested:

Reason for Request:

Comments:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Contact the Occupational Accommodations Specialist, **(608) 267-1156**, with questions/concerns.

OR

Return the completed form to:  
Occupational Accommodations Specialist  
Madison Municipal Building, Suite 261  
215 Martin Luther King, Jr. Blvd.  
Madison, WI 53703