

Pathfinder, Inc.
Affirmative Action /Compliance Office
ADA Accommodation – Request Form
Phone: 501-982-0528 Ext 1209

Please complete this form and submit it to the Affirmative Action/Compliance office to allow us to work together and address your request for reasonable accommodation. This information and other related documentation will be kept separate from your personnel and benefits files. This information will be kept confidential unless you authorize release and exchange of specified information. *Please note: Completion of this form does not guarantee the requested accommodation(s)*

Name: _____ Title/Position: _____ EMPL#: _____

Work Phone Number: _____ Email: _____

Department: _____ Work Location: _____

Supervisor _____ Part time employee _____ Full time employee _____

Work hours (i.e. 8am-4pm) _____ Work days (i.e. M-F) _____

Condition (s) that is the basis of your request for reasonable accommodation(s):

Request for accommodations(s) is _____ permanent or _____ until _____

Describe the accommodation you are requesting.

Describe how the accommodation you are requesting will enable you to perform the essential function(s) of your job.

The Affirmative Action/Compliance Office will:

- **Consult with employee.**
- **A statement of medical necessity may be required, if applicable to request.**
- **Review your ADA accommodation documentation.**
- **Follow-up meeting with employee is scheduled to discuss determination. A letter of approval or denial is presented at this time.**

Employee Signature

Date