

## **Applicant Reasonable Accommodation Request Form (Employment)**

This form and all information must be kept confidential.

### **Applicant**

Print Full Name: \_\_\_\_\_

Home or Work Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Applicant Information**

Position/Title Sought:

Program (if known):

Location of Position (if known):

Part(s) of employment process for which an accommodation is requested:

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Job Vacancy Title: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Interview Date: \_\_\_\_\_

River Valley Resources, Inc. Contact Person (if known):

Phone Number: \_\_\_\_\_ email address: \_\_\_\_\_

Identify the limitation(s) that affect your ability to complete assigned tasks or complete the application process. Please be specific. (Attach additional sheets of paper if necessary).

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Is the condition for which you are requesting an accommodation? Permanent, Temporary or Unknown

If temporary, anticipated date accommodation(s) no longer needed: \_\_\_\_\_

Describe the nature of the accommodation requested and how the accommodation will assist you to perform the essential functions of the job held or desired, or to enjoy the benefits and privileges of employment. Please be specific. (Attach additional sheets and present supporting documentation as appropriate.)

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You may be required to provide verification by a health professional or a disability service provider

This **CONFIDENTIAL** documentation should be provided to the RVR staff person interviewing the applicant for employment.

Medical verification/documentation should, to the extent possible:

Be written on the official letterhead of the qualified health professional. Be dated and signed by the health professional.

Describe the limitations in detail as they currently exist and only in relation to the job.

State whether the duration of the limitation is permanent or temporary or unknown.

If temporary, specify the date the limitation is expected to no longer require accommodation. \_\_\_\_\_

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

DATE: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



RIVER VALLEY RESOURCES  
INCORPORATED

Date:

**DO NOT WRITE IN THIS SECTION**

To be completed by staff supervising the employment application process requesting a reasonable accommodation. After completing, supervisor must provide a copy of the entire form to the employee or applicant, and immediately send a copy to the individual handling accommodation requests.

Name and Title of Supervisor or Staff supervising application process: \_\_\_\_\_

Program: \_\_\_\_\_

Location: \_\_\_\_\_

Email and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Date Request Received: \_\_\_\_\_

Supporting Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

To be completed by Supervisor or staff supervising the Application process

Date Request Received: \_\_\_\_\_

Date Supporting Documentation Received (if any): \_\_\_\_\_

Signature of Supervisor or staff supervising the Application process:

\_\_\_\_\_