



TWI 360 01/25 II

REASONABLE ACCOMMODATION REQUEST

To request reasonable accommodations in conjunction with employment or participation in agency services.

Qualified individuals with a disability have the right to request reasonable accommodation in conjunction with his or her employment or agency-provided services. Transitions is not required to provide accommodations that would impose undue hardship on the operations of their programs.

Name	Phone Number
Program	Job Title (If Applicable)
Functional Limitations	

Specify the type of accommodation needed and provide a detailed description of the item requested. Please be specific and use additional sheets if necessary.

- Purchase or modification of equipment or devices _____
- Job restructuring or task modification _____
- Provision of reader, sign language interpreter or personal assistant _____
- Structural modification to work site or facility _____
- Modification of work schedule or leave policy _____
- Modification of exams, training materials, or agency forms _____
- Reassignment to vacant position _____
- Other _____

Describe how your functional limitation interferes with performance of a particular duty as an employee or participation in agency services as a consumer. Explain how the requested accommodation would be used to enhance job performance or would allow you to participate in agency-provided services.

Length of time for which the accommodation is requested:

- for duration of employment/services for specified period _____ (must specify).

Signature _____ Date _____

Guardian Signature _____ Date _____

For administrative use only:

Executive Director Grant Deny Signature _____ Date _____

Alternative accommodation offered: _____

ROUTING: Employees - Immediate supervisor → Program Director → Human Resources Director
Consumers - Case Manager → Program Supervisor → Program Director → consumer chart