

COUNTY OF YOLO
REQUEST FOR REASONABLE ACCOMMODTION
DEPARTMENTAL REVIEW FORM

Instructions: The Reasonable Accommodation Request Departmental Review Form is to be completed by a County Department when a request for reasonable accommodation has been submitted by an employee and a determination has been made by the department to grant or deny the request for accommodation. The department should keep one copy in a ***confidential** file and forward a second copy to Human Resources.

*Note: All employee medical information and records will remain confidential and will be protected from unauthorized use and disclosure.

1. Employee's Name: _____ Date Request Received _____
2. Position under consideration: _____
3. **Is the Request for Reasonable Accommodation: Granted ____ Denied ____?**
4. Can the employee perform the essential functions of the job when provided a reasonable accommodation? Yes ____ No ____
5. List the employee's functional limitation (physical/ mental):

6. Describe the accommodation requested:

7. Indicate the essential functions of the job that need accommodation:

8. Authorization to obtain the release of medical information needed? Yes ____ No ____
9. If requested, did the medical information confirm a disability? Yes ____ No ____
10. List the accommodation options that overcome the limitation:

11. If the request for reasonable accommodation is **granted**, indicate what accommodation(s) will be provided:

12. If request for reasonable accommodation is **denied**, explain the rationale supporting this decision:

13. If denied, has the department consulted with Human Resources before making its decision? Yes _____ No _____

14. Staff person responding to Reasonable Accommodation Request:

Name: _____

Title: _____

Date of completion of this form: _____