



## REASONABLE ACCOMMODATION REQUEST FORM

State Form 57178 (10-22)

INDIANA STATE PERSONNEL DEPARTMENT

### SECTION (A)

Employee Name

Peoplesoft ID

### SECTION (B)

What specific accommodation are you requesting?

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing? (e.g., break areas, printer, copier, vending machine)

Have you had any accommodations in the past for this same limitation?

Yes  No

If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

Please provide any additional information that might be useful in processing your accommodations request

### SECTION (C)

**\*\*Return this form to your agency's human resources representative via secure email or in-person.**

Employee signature

Date (mm/dd/yyyy)