



**CATHOLIC DIOCESE OF ROCKFORD
REQUEST FOR WORK ACCOMMODATION**

Employee: _____ Position: _____

Work Location: _____ City: _____

The accommodation is requested for the following reason:

- disability
- pregnancy-related condition
- domestic or sexual violence
- violent crime
- other _____

Explanation of the accommodation you are requesting: _____

Explanation of the need for accommodation: _____

Description of your limitations prompting the need for the accommodation: _____

Anticipated Duration of Accommodation _____

I understand that approval of my request for accommodation in my work duties or work environment is not a promise of a permanent accommodation. Some accommodations may be temporary in duration. I understand that if I am requesting an accommodation due to a health condition or injury, I am required to provide to my employer medical verification and I agree to meet with the employer to discuss the requested and possible alternative accommodations (Refer to the applicable policy in the Employee Handbook.). I also understand that I am required to provide periodic updates on the medical verification and the continued need for accommodation.

Employee

Date

Approved by:

Supervisor's Signature

Date