



Human Resources
600 Mount Pleasant Avenue
Providence, RI 02908
(401) 456-8216

Americans with Disabilities Act/Pregnant Workers Fairness Act
Employee Request for Accommodation

This form must be completed when an employee is making a request for accommodation due to a documented disability and/or pregnancy related condition.

To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), you must be qualified to perform the essential functions of your position with or without an accommodation, and have a qualifying disability that limits a major life function.

Employee Name:	Employee Phone:
Position:	Department:
Supervisor Name:	Date:
<p>1. Using the space below or by attaching a letter, please describe which major life activity your impairment limits (For example: caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, remembering, concentrating, etc.)</p>	
<p>2. Describe how your condition limits your ability to perform the essential functions of your job. Using your job description (if applicable), identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.</p>	
<p>3. Specifically describe the accommodation(s) you are proposing.</p>	
<p>4. Please add any comments you feel may be helpful in our consideration of your request:</p>	
Employee Signature:	Date: