



EMPLOYEE/APPLICANT REASONABLE ACCOMMODATION REQUEST FORM

Complete only sections I and II

Supporting medical documentation must accompany this form at the time it is submitted for consideration.

Please print:

Section I.

Last name: _____ First name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip code: _____

Contact telephone number: _____

Check the appropriate status:

Applicant Employee (include COSMO ID#: _____)

Section II.

Requestor's suggested accommodation:

Stop here; submit this form (with supporting medical documentation) to the Vice President of Human Resources

Section III. Decision

The above accommodation **is** approved as submitted: _____ Date: _____
Signature of VP of HR

The above accommodation **is NOT** approved as submitted: _____ Date: _____
Signature of VP of HR

MATC's Suggested Alternate Accommodation Plan:

Requestor to sign and date only **one** of the following options:

I **agree** with MATC's alternate accommodation plan _____ Date: _____

I **disagree** with the MATC's alternate accommodation plan _____ Date: _____