



912 Norwich New London Turnpike,
Unit #5, Uncasville, CT 06382.
p-(860)848-0514, f-(860)-848-0523
www.Creativepotentialllc.com

Reasonable Accommodation Request Form

I request that **Creative Potential** provide me with reasonable accommodation(s) to perform one or more essential functions of my job safely and effectively. I understand that if my disability and/or need for accommodation are not obvious or already known, **Creative Potential** is entitled to ask for information showing that I have a covered disability that requires accommodation. I also understand that this form is part of the interactive process to determine if a reasonable accommodation is warranted and will be maintained separately from my official personnel file.

EMPLOYEE INFORMATION

Employee Name: _____

Phone: W: _____ H: _____

Job Title/Position: _____

REQUEST

Describe your requested accommodation (including alternatives) that will better allow you to perform the essential functions of your job (be as specific as possible):

How will this accommodation help you perform the essential functions of the job or help you enjoy equal access to the benefits and privileges of employment?

Employee Signature

Date