NORTHWEST WISCONSIN WORKFORCE INVESTMENT BOARD
A proud partner of the AmericanJobCenter network

REASONABLE ACCOMMODATION FORM

Date: _____

Employee's Name: _____

Phone: _____ Email: _____

Job Title: _____ Department: _____

Supervisor's Name: _____

Describe how your condition affects your ability to perform essential job functions (if applicable):

_____

_____

_____

Describe the accommodations you believe are needed to enable you to perform the essential functions of this job:

_____

_____

_____

_____

If additional medical information is necessary, we will contact your health care provider only with your written consent and only to the extent needed to determine an appropriate accomodation.

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

We will keep all medical information confidential in a file separate from your personnel file and accessible only to those involved in processing this request.

I authorize the release of information regarding my disability to _____
[insert Company Name]
management as deemed necessary by human resources to facilitate this request for accommodation.

Employee's Signature: _____ Date: _____

Northwest Wisconsin Workforce Investment Board is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please call us through Wisconsin Relay Service (7-1-1) or at 800-947-3529. To request information in an alternate format, including language assistance or translation of the information, please get in touch with us at (715)-685-1425.