



REQUEST FOR A REASONABLE ACCOMMODATION
 For Current/Prospective CHRO Employees Only and Persons Doing Business with CHRO
 Form 304

Initial Request Date: _____

Renewal Request Date: _____

Employee's Name (Print): _____

Date: _____

MM/DD/YYYY

Position Title: _____

Name of Direct Supervisor/Manager: _____

Work Location: _____

Department/Unit _____

Approved Telework (Days and Times): Week 1: _____ Week 2: _____

Approved In Office (Days and Times): Week 1: _____ Week 2: _____

Total Hours Worked Per Week: _____

To consider your request, please provide a complete written explanation of the type of accommodation you are requesting to perform the essential functions of the above position and how the accommodation will enable you to perform those functions. You are NOT required to disclose your medical condition to your supervisor or manager. Please indicate any additional pages attached. Please type or print legibly.

 _____.

Describe how your condition, without an accommodation, limits your ability to perform the essential functions of your job. Be as specific as possible.

 _____.

If the request is time sensitive, please explain:

_____.

I understand that you may have questions about my request and may need to contact my medical provider. I hereby give you permission to do so: Yes No

Employee Signature _____

Date: _____

MM/DD/YYYY

I ATTEST THAT I SUBMITTED THIS COMPLETED FORM 304 WITH FORM 306 TO THE ODEP FOR REVIEW ON
 (DATE): _____ AT (TIME): _____ AM or PM(CIRCLE ONE) via
 (CIRCLE ONE): E-Mail Hand Delivery Interagency Mail Regular Mail Other (Please Specify) _____

Employee Signature _____

Date: _____