

STATE OF ALASKA WORKPLACE MODIFICATION REQUEST

Complete this form if requesting a long term or permanent modification of the work environment in a situation, which the requestor believes does not rise to the level of an ADA qualifying event. Ergonomic or adaptive equipment may be considered an ADA reasonable accommodation if it helps an employee to mitigate a physical or mental impairment which substantially limits a major life activity. See the EEOC website or ask an ADA coordinator for more details.

Employee Information

Name	Job Title	PCN
Department	Division	
Region/Section	Location	
Telephone	E mail	
Supervisor's Name	Telephone	Fax

1. Explain why you are making a request for a work modification.

2. If the request is the result of an on the work related illness or injury, have you applied for Worker's Compensation?

3. Describe the modification you are requesting, including (if known) an approximate cost and, if equipment is involved, the names of potential vendors.

4. Explain how the work modification you are requesting will enable you to perform specific job tasks.

5. Explain the consequences of a denial of this request.

Employee Name (Please print)

Work Telephone

Signature

Date

Departmental Review and Action

Employee's Supervisor

1. Job functions discussed with employee: Date _____
2. Requested modification(s) discussed with employee: Date _____
3. Recommendation, and if denied, any alternatives offered: _____

Supervisor Name (Please print)

Work Telephone

Signature

Date

Approving Authority (as designated by agency policy)

1. Employee request: Approved _____ Disapproved _____
2. Supervisor recommendation: Approved _____ Disapproved _____
3. Other modification approved: _____

Approving Authority/Title (Please print)

Work telephone

Signature

Date

CC: Department ADA Coordinator
Department Human Resource Manager
State ADA Coordinator