



City of Newport Beach
Human Resources Department

Request For Reasonable Accommodation – Confidential

The California Fair Employment and Housing Act requires employers of five or more employees to provide reasonable accommodation for individuals with a physical or mental disability to perform the essential functions of their job unless it would cause an undue hardship. We are committed to providing an inclusive and supportive work environment for all employees. If you require a reasonable accommodation to perform the essential functions of your job due to a disability, please complete this Request for Reasonable Accommodation form. This form will help us understand your needs. All information provided will be kept confidential and used solely for the purpose of evaluating your accommodation request.

| TO BE COMPLETED BY EMPLOYEE | |
|---|------------------------------------|
| NAME OF EMPLOYEE | JOB TITLE |
| WORK LOCATION/ SUPERVISOR | WORK NUMBER/EMAIL |
| ACCOMMODATION(S) REQUESTED | |
| REASON FOR REQUEST (Please do not disclose your diagnosis; explain your disability-related limitations and how this accommodation will help you do your job.) | |
| IS YOUR LIMITATION: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Unknown | ANTICIPATED RECOVERY DATE (if any) |
| IS THE ABOVE DESCRIBED DISABILITY THE SUBJECT OF A WORKERS' COMPENSATION CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATED FILED: | |
| HAVE YOU REQUESTED FMLA OR OTHER LEAVE IN CONNECTION WITH THE ABOVE DESCRIBED DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY WHAT YOU REQUESTED AND WHEN: | |
| I CERTIFY THAT I HAVE A DISABILITY THAT REQUIRES REASONABLE ACCOMMODATION, WHICH WILL BE MET BY THE ACCOMMODATION(S) LISTED ABOVE. PLEASE SUBMIT TO HUMAN RESOURCES. | |
| SIGNATURE OF EMPLOYEE | DATE |