

**EMPLOYEE/VOLUNTEER  
Request for Reasonable Accommodation**

This form is to be completed by a City of Chicago employee or volunteer. If additional space is needed to fully answer a question, please attach a separate sheet of paper. Please sign and date all pages attached to this form.

**If you need assistance completing this form or any part of the reasonable accommodation process, please contact the City of Chicago Department of Human Resources at 312 -744-4224 (voice) or 312 -744-5035 (TTY).**

When complete, this form may be submitted to the employee or volunteer's departmental Disability Liaison or to the City of Chicago Disability Officer. Please keep a copy for your records.

Although the City of Chicago must protect the confidentiality of medical information of its employees and applicants, please note that medical information in this form, which is needed by the City of Chicago to carry out its obligations under the Americans with Disabilities Act, as amended, is not considered "protected health information" under the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations.

**EMPLOYEE/VOLUNTEER INFORMATION**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Bureau/Division: \_\_\_\_\_

**QUESTIONS TO DOCUMENT THE REASON FOR THE REQUEST**

Do you have a physical or mental impairment which substantially limits one or more major life activities? Major life activities include, but are not limited to eating, standing, walking, lifting, sleeping, breathing, seeing, hearing, concentrating, learning and working. Major life activities also include major bodily functions, including but not limited to, functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please identify your impairment. If you have received a diagnosis please include that as well.

What, if any, job function(s) are you having difficulty performing as a result of your impairment?

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What, if any, job benefit(s) are you having difficulty accessing as a result of your impairment?

How does your impairment interfere with your ability to perform your job or access an employment benefit?

Have you been granted any accommodations in the past for this impairment? If yes, please identify the accommodations granted and state how effective they were.

**QUESTIONS TO CLARIFY THE ACCOMMODATION REQUEST**

What specific accommodation are you requesting? Please describe in detail.

How will the accommodation that you are requesting allow you to access an employment benefit or perform the functions of your job?

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If you are requesting that an item be purchased for your use as an accommodation, please provide any additional information you have such as model number, price, location where the item may be purchased, etc.

Please provide any other additional information that might be useful in processing your accommodation request.

**By signing below, I attest that the information provided in this document is true and accurate to the best of my knowledge.**

Employee/Volunteer Signature:

Date:

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