**JOB MODIFICATION/ASSISTANCE**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee name: |  | Employee ID: |  | | | | |
| Class Code: |  | Position No.: |  | | | | |
| Agency Name: |  | Budget Account: |  | | | | |
| 1. What specific modifications/assistance are you requesting? Be as specific as possible. | | | | | | | |
| 1. If you are not sure what modifications/assistance is needed, do you have any suggestions about what options we can explore? | | | | | | | |
| 1. What, if any, job function(s) are you having difficulty performing? | | | | | | | |
| 1. What, if any, employment privileges (e.g., training) are you having difficulty accessing? | | | | | | | |
| 1. What limitation is interfering with your ability to perform your job or access an employment privileges? | | | | | | | |
| 6a. Have you had any modifications/assistance in the past for this same limitation? | | | | Yes |  | No |  |
| 6b. If yes, what/where were they and how effective were they? | | | | | | | |
| 7. If you are requesting a specific modifications/assistance, how will that assist you? | | | | | | | |

**REQUEST/INTAKE FORM**

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| Signature of employee filling out the form: |
| Date: |