

JOB MODIFICATION/ASSISTANCE REQUEST/INTAKE FORM

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.			
2. If you are not sure what modifications/assistance is needed, do you have any suggestions about what options we can explore?			
3. What, if any, job function(s) are you having difficulty performing?			
4. What, if any, employment privileges (e.g., training) are you having difficulty accessing?			
5. 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
6b. If yes, what/where were they and how effective were they?			No
7. If you are requesting a specific modifications/assistance, how will that assist you?			
Signature of employee filling out the form:			
Date:			