**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.

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| 1. If you are not sure what modifications/assistance is needed, do you have any suggestions about what options we can explore?
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| 1. What, if any, job function(s) are you having difficulty performing?
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| 1. What, if any, employment privileges (e.g., training) are you having difficulty accessing?
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| 1. What limitation is interfering with your ability to perform your job or access an employment privileges?
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| 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: |