

## 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:  |  |                 |     |