



3. What is the specific accommodation(s) being requested?

a. How does the accommodation enable the employee to perform the essential functions of the job?

b. If applicable, provide additional accommodations that may be appropriate.

4. Please include additional, relevant information.

### Part 3: Signature Section

Name of person completing the form: \_\_\_\_\_

Title of person completing form: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.