

# Service Animal Workplace Accommodation Request Form

## Employee Information

Full Name

Position/Title

Department

Email

Phone Number

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## Service Animal Information

Type of Animal

Name of Animal

Is the animal individually trained to perform a task or work for your disability? If yes, please describe.

What specific tasks or work has the animal been trained to perform?

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## Accommodation Details

Describe the workplace accommodation requested

Duration for which the accommodation is needed

Additional comments or information

