

# Workplace Disability Accommodation Assessment

## Employee Information

Employee Name

Employee ID

Department

Job Title

Supervisor Name

Assessment Date

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## Accommodation Request Details

Description of Disability/Condition

How does this condition impact job performance or workplace participation?

Accommodation(s) Requested

Supporting Documentation Provided

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## Assessment and Recommendation

Assessment Summary

Recommendation

Assessor Name

Assessor Title

Assessment Completion Date