

**Hualapai Tribal Nation Government Request for Reasonable
Accommodation Form**

NAME:

DATE:

WORK PHONE:

HOME PHONE:

EMAIL:

POSITION:

DEPARTMENT:

SUPERVISOR/DEPARTMENT HEAD:

NATURE OF THE QUALIFYING DISABILITY: (Please describe the nature, extent, and duration of your disability.)

REQUESTED/SUGGESTED ACCOMMODATION: (Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.)

I authorize the release of necessary confidential medical information regarding my disability to relevant hiring managers as deemed necessary by Human Resources. I also attest to the fact that a copy of the position description has been given to me for review and reference.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Approved / Disapproved (Circle One)

Supervisor Comments: (Include accommodations being made if any, reason for a disapproval and next steps if necessary.)