



ADAM'S EUROPEAN CONTRACTING INC.
589 JOHNSON AVENUE
BROOKLYN NY 11237

tel. 718-417-9000 fax. 718-417-1093

REQUEST FOR ACCOMMODATION

Instructions for Completing This Form: Consistent with applicable federal, state, and local law, and Adam's European Contracting Inc. (Adam's) will provide a reasonable accommodation to a qualified employee with a disability or sincerely held religious belief, observance, or practice if the accommodation would enable the employee to perform the essential functions of the job or access an employment benefit, unless doing so would pose an undue hardship on Adam's. If you believe you need an accommodation because of your disability, you are responsible for requesting a reasonable accommodation from Human Resources.

Please submit the completed form to the Human Resources Department via email or in-person as soon as possible after your need for an accommodation is known. If you need extra space to complete this form, please attach additional pages. After receiving this form, Adam's will contact you as quickly as possible to discuss your accommodation request, clarify your needs, and, if necessary, request additional information to assess your request. It is important for you and Adam's to engage in this interactive process together, so please be sure to respond to any communications you receive from the Human Resources Department relating to this request. Adam's prohibits retaliation against any individual for requesting a disability accommodation in good faith. If you have any questions about this form or the status of any accommodation request, or if you need assistance with filling out this form or making a request, please contact the Human Resources Department.

Employee Information

Employee Name:

Work Phone Number:

Name of Person Making Request on Behalf of
Employee (if applicable):

Work Email Address:

Position/Department:

Home/Cell Phone Number:

Direct Supervisor:

Personal Email Address:

Accommodation Request

Provide a description of the accommodation you are requesting (for example, an adjustment or change to an existing policy). Please identify a specific accommodation or suggestion(s) if you are not sure:

Provide the reason you need an accommodation (for example, a disability, medical condition, or sincere religious belief, observance, or practice):

Describe what limitation, if any, is interfering with your ability to perform your job or access an employment benefit:

Describe how the accommodation requested will help you perform the essential functions of your job or access an employment benefit:

Is this request time-sensitive? Yes/No (circle one). If yes, please explain:

Provide any additional information you think may be relevant to this request:

Employee Signature

Date

FOR OFFICE USE ONLY:

Date Request Received

Request Received By

TO BE RETAINED ON FILE