

# Reasonable Accommodation Request Form

Date of Request:

## Employee Information

Name:	Employee #:
Job Title:	Department:
Telephone:	Email:
Address <i>(for applicants only)</i> :	

## I Am Requesting A Reasonable Accommodation Because

<input type="checkbox"/>	I have accepted a job offer with a start date of _____ and the accommodation requested will allow me to perform the essential job functions of the job title above.
<input type="checkbox"/>	I am currently employed by MAPFRE Insurance and request a reasonable accommodation to perform the essential job functions of the job title above.
My specific functional limitation is:	

## Reasonable Accommodation Information

The accommodation I am requesting is described below.

*(Describe the type of accommodation; if it is a purchasable item, please list model, number, cost, where it can be obtained, etc.)*

Describe how this accommodation will assist you.

*(Please attach additional sheets as needed.)*

## Employee or Applicant Certification

I certify that I have a disability or medical condition that requires a reasonable accommodation, which will be met by acquiring the equipment, services or work adjustments described above.

Signature:	Date:
Address <i>(for applicants only)</i> :	

## Submitting Reasonable Accommodation Requests

- After completing the reasonable accommodation request form, please forward the request to the Human Resources Department, mail stop D/HR or email [HRBenefits@mapfreusa.com](mailto:HRBenefits@mapfreusa.com).
- Upon receiving your request for a reasonable accommodation, Human Resources will contact you to let you know what documentation, if any, is required to evaluate your reasonable accommodation request and engage in the interactive process.
- For any questions regarding this form or the interactive process, please contact the Benefits Hotline at (800) 922-8276 ext. 14998.

## Human Resources Use Only

Request Received By:	Date:
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Revised (04/16)