PANDORA

Accommodation Request Form

Date:	
Associate's Name:	
Job Title:	
Work Location:	
Date of Hire:	
Phone Number:	
Email Address:	
Associate's ID Number:	
Supervisor's/Manager's Name:	

Type of accommodation being requested: Please check one

☐ Medical ☐ Pregnancy ☐ Lactation ☐ Religious ☐ Other

Please describe the nature of your requested accommodation. Why are you requesting this accommodation? Be specific.
What limitation is interfering with your ability to perform the essential functions of your job?
Please describe the specific accommodation you are requesting that will enable you to perform the essential functions of your job.
How will this accommodation assist you?
Requested accommodation start date:
Duration of request:
If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain.
Is this request related to an injury that happened while working for Pandora – Yes or No? (circle one)
If yes, please provide the date of loss and injury type:

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Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation may result in disciplinary action, up to and including termination.

_____

Signature