



Alameda County Departmental Request for Reasonable Accommodation Assistance

Please complete the Agency/Department and Employee Information sections below. This information pertains to the accommodation necessary for the employee to return to work within his/her Agency/ Department or alternate Agency/Department. Please submit this request to the Alameda County Disability Programs Manager, Human Resource Services Department, at denise.stokes@acgov.org for review and approval.

AGENCY/DEPARTMENT INFORMATION

Agency/Department: _____ Disability Coordinator: _____ Org# _____

Work location: _____ Room # _____ Ph # _____ QIC: _____

Assistance being requested:

- MEDICAL EVALUATION/IME (Requires EFJA/EF5)
- ERGONOMIC EVALUATION
- OTHER SERVICES: (Please explain) _____

REASON FOR REQUEST (Please explain):

EMPLOYEE INFORMATION

Employee Name: _____ Employee ID # _____

Work location: _____ Rm# _____ City: _____ ZIP: _____

Work Phone: _____ WC Claim # (if applicable): _____

FORWARD REQUEST TO THE COUNTY DISABILITY PROGRAMS MANAGER FOR APPROVAL

Disability Programs Manager Approval: _____ Date: _____

(Signature)

(Forward to Risk Management via email to michael.chan@acgov.org)

For RMU use

EFJA/EF5: Yes No

Medical Report: Yes No

EE referred to: _____ Specialty: _____

Address/City/Zip: _____ Ph#: _____

Appointment (Date/Time): _____ Contact: _____

Instructions: _____

Referral made: _____ Request/referral completed: _____

EE Instructed (Date/Time): _____ By: _____