

Request for Accommodation Form

It is Sodexo's policy to make reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless the accommodation would impose undue hardship on the Company.

Date of Request _____ Unit Number _____

Unit Name _____ State _____

Division _____

Employee Name _____ Employee ID # _____

Circle One in Each Category: Applicant/Current Employee Manager/Hourly

Is the Request Verbal or Written (circle one)

Job Title _____

Reason for Request (attach any supporting documentation regarding limitations)

Accommodation Requested (attach any supporting medical documentation)

Employee/Applicant's Signature

Manager's Signature

Print Manager Name and Title below

To Manager:

Give a copy of this request to employee/applicant and retain original in a confidential file, separate from the personnel file.