



FRM – 140A

MEMBER REQUEST FOR REASONABLE ACCOMMODATION

To request a reasonable accommodation for a disability: You may complete this form and mail to the address below or contact your WSC or WRC Program Coordinator directly at 1-888-713-6080, or you can fax it to 360-902-9662 to your Program Coordinator’s attention.

AmeriCorps Member: 1) Discuss your limitations in performing your job duties with your supervisor. You do not need to provide or discuss specific medical details with your supervisor. 2) Complete Section I, sign it and forward it to your supervisor.

Supervisor: 1) Ensure that the member completes Section I below. Provide help to the member if needed. 2) Complete Section II and attach the most current position description form (PDF) for the member’s position.

This form can also be submitted in a **confidential** envelope to:

WA Employment Security Department
 Human Resource Services Division
 Attn: Reasonable Accommodation
 P.O. Box 9046
 Olympia, WA 98507-9046

| Section I: Member to complete | | |
|--|--|--------------------------------|
| Last Name | First Name | Phone number (with area code) |
| Service Position title | Project Site/Service location | Address: with city, state, zip |
| Project /Supervisor | Supervisor Phone number (with area code) | |
| The accommodation I am requesting is: | | |
| | | |
| Is this accommodation: Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> | | |
| Is this a service-related injury? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of injury: / / | | |
| Labor & Industries industrial insurance claim number: | | |
| | | |
| Member’s signature _____ | | Date _____ |

| Section II: Supervisor to complete |
|--|
| I have attached a copy of the most current position description form: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If “No” please explain here: |
| |
| Supervisor’s signature _____ |
| Date _____ |