

EmployeeSection

Last Name:

First Name:

Employee ID#

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To be completed by the Healthcare Provider

INSTRUCTIONS: Attached are copies of the employee's job description which indicates the essential

Refer to essential functions attachment when answering questions. The following questions will help determine if an accommodation is ne

To be completed by the Healthca Provider	1. What limitation(s) in major life activities is/are interfering with the employee's job performance?
	2. What job function(s) listed in the job analysis is the employee having trouble performing because of the limitation(s)?
	3.