

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 Name: _____ Unit Number: _____

Name: _____

Is Person an Applicant or Current Employee (circle one)

Is the Request Verbal or Written (circle one)

Job Title _____

Reason for Request: (attach any supporting documentation)

Suggestions for Accommodation:

Employee/Applicant's Signature

Manager's Signature

To Manager:

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