



REQUEST FOR A REASONABLE ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT AND THE CONNECTICUT GENERAL STATUTES

For Current CTDOL Employees and Prospective CTDOL Employees Only Form 304 (REV. 7/2023)

Initial Request Date : \_\_\_\_\_
Renewal Request Date: \_\_\_\_\_

Employee's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_
MM/DD/YYYY

Position Title: \_\_\_\_\_

Name of Direct Supervisor/Manager: \_\_\_\_\_

Work Location: \_\_\_\_\_

Department/Unit \_\_\_\_\_

Approved Telework (Days and Times): Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_

Approved In Office (Days and Times): Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_

Total Hours Worked Per Week: \_\_\_\_\_

To consider your request, please provide a complete written explanation of the type of accommodation you are requesting to perform the essential functions of the above position and how the accommodation will enable you to perform those functions. You are NOT required to disclose your medical condition or nature of your disability to your supervisor or manager. Please indicate any additional pages attached. Please type or print legibly.

Describe how your condition, without an accommodation, limits your ability to perform the essential functions of your job. Be as specific as possible.

Describe how your condition affects your ability to perform a major life activity(ies). Major life activities are, but not limited to, seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, working, performing manual tasks, eating, sleeping, standing, lifting, bending, speaking, reading, concentrating, or communicating.

If the request is time sensitive, please explain:

I understand that you may have questions about my request and may need to contact my medical provider. I hereby give you permission to do so: [ ] Yes [ ] No

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_
MM/DD/YYYY

I ATTEST THAT I SUBMITTED THIS COMPLETED FORM 304 WITH FORM 306 TO THE ODEP FOR REVIEW ON (DATE): AT (TIME): AM or PM(CIRCLE ONE) via (CIRCLE ONE): E-Mail Hand Delivery Interagency Mail Regular Mail Other (Please Specify) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_