DOGS 24/7 LLC

SPECIAL ACCOMMODATION REQUEST FORM

Purpose: Use this form to request a reasonable workplace accommodation. Dogs 24/7 LLC will review the request through an interactive dialogue with the employee and will consider reasonable alternatives when appropriate.

1. EMPLOYEE INFORMATION

Employee Name: _____

Job Title / Position: _____

Work Location: _____

Supervisor / Manager: _____

Date of Request: _____

2. BASIS FOR ACCOMMODATION REQUEST

Please check the category that best applies:

- ☐ Disability / medical condition
- ☐ Pregnancy, childbirth, or related medical condition
- ☐ Sincerely held religious belief or practice
- ☐ Domestic violence, sex offense, or stalking-related need
- ☐ Other reason protected by applicable law: _____

3. ACCOMMODATION REQUESTED

Describe the accommodation you are requesting:

_____

_____

_____

Is this accommodation needed:

☐ Permanently ☐ Temporarily ☐ Intermittently / as needed

If temporary, expected start and end dates: _____

4. WORK-RELATED LIMITATION / NEED

Describe the work-related limitation or need that is creating the need for an accommodation. You do not need to provide a diagnosis on this form.

_____

_____

_____

Identify any job duties, schedules, work areas, equipment, or workplace conditions affected:

_____

_____

__

5. HOW THE REQUESTED ACCOMMODATION WOULD HELP

Explain how the requested accommodation would enable you to perform your job duties or address the workplace limitation/need:

_____

__

_____

__

_____

__

6. ALTERNATIVE ACCOMMODATIONS

Are there other accommodations you believe may also be effective?

☐ No ☐ Yes - Please describe:

_____

__

_____

__

7. SERVICE ANIMAL / ASSISTANCE ANIMAL INFORMATION (IF APPLICABLE)

Complete this section only if your requested accommodation involves bringing an animal into the workplace.

Type of animal: _____

Describe the workplace accommodation you are requesting involving the animal and how it would assist you:

_____

__

_____

__

Describe where the animal would remain during your shift and how it would be safely managed while you perform your duties:

_____

__

_____

__

Identify any anticipated interaction with client dogs, kennel/daycare areas, feeding areas, playgroups, or other animals:

_____

__

_____

__

8. SUPPORTING DOCUMENTATION

Dogs 24/7 LLC may request supporting documentation when permitted by law and when necessary to evaluate the accommodation request. Please do not attach complete medical records unless specifically requested by Human Resources.

☐ Documentation attached ☐ Documentation will be provided if requested ☐ Not applicable

9. EMPLOYEE ACKNOWLEDGMENT

I understand that submitting this request begins the interactive dialogue and does not automatically approve or deny a specific accommodation. I agree to cooperate in good faith and provide reasonably requested information in a timely manner. I understand Dogs 24/7 LLC may consider alternative reasonable accommodations or positions, as appropriate.

Employee Signature: _____

Date: _____

HR USE ONLY

Date received: _____ Received by: _____

Interactive dialogue initiated: ☐ Yes ☐ No Date: _____

Supporting documentation requested: ☐ Yes ☐ No ☐ N/A

Safety / operational assessment required: ☐ Yes ☐ No

Decision: ☐ Approved ☐ Approved with modification ☐ Alternative offered ☐ Denied

Effective dates / terms: _____

HR notes: _____

_____

CONFIDENTIAL HR DOCUMENT - Accommodation-related information will be handled as confidentially as practicable and maintained in accordance with applicable law and company policy.