



REASONABLE ACCOMMODATION REQUEST FORM - EMPLOYEE

SECTION 1 - EMPLOYEE INFORMATION		
Employee Name	Employee Number	Today's Date
Manager Name	Contact Phone	Department and Location
Work Group		
<input type="checkbox"/> Fleet Service	<input type="checkbox"/> Management	<input type="checkbox"/> Station Agent
<input type="checkbox"/> Flight Attendants	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Ops Planner
<input type="checkbox"/> Pilot	<input type="checkbox"/> Support Staff	<input type="checkbox"/> Ramp Handler
<input type="checkbox"/> Other (Please Explain)		
Employee Mailing Address		Employee Email Address
SECTION 2 – QUESTIONS TO CLARIFY ACCOMMODATION REQUESTED		
Accommodation Start Date	Accommodation End Date (Indicate "Indefinite" if requesting an indefinite modification.)	
<b>A. Questions To Clarify Accommodation Requested.</b>		
What specific accommodation are you requesting?		
If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain.		
Is your accommodation request time sensitive? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain.		
<b>B. Questions To Document The Reason For Accommodation Request.</b>		
What, if any, job function are you having difficulty performing?		
What, if any, employment benefit are you having difficulty accessing?		



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What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation?

Yes

No

If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

Other: Please Provide Any Additional Information That Might Be Useful In Processing Your Accommodation Request.

### SECTION 3 – IMPORTANT INFORMATION

Envoy Air will review and respond to your job accommodation request as soon as feasible. If you have questions in the meantime, please contact your direct supervisor or your HR Specialist.

### SECTION 4 – SIGNATURES

I certify that all statements and answers provided on this form are complete and true to the best of my knowledge, and I understand that any falsification of my medical history or request may be cause for disciplinary action up to and including termination.

Employee Signature

Date

Send completed form to Human Resources or fax to: (833) 233-2912

Email: [Envoy.HR.Compliance@aa.com](mailto:Envoy.HR.Compliance@aa.com)

### SECTION 5 – INTERNAL USE ONLY

Date Received

Forwarded to (Print Name)

Date