

THE MICHAELS COMPANIES

3939 West John Carpenter Freeway
Irving, TX 75063

TO BE COMPLETED BY EMPLOYEE	
Name of Employee:	Job Title:
Employee ID:	Work Location:
Reason for accommodation request (Please do not disclose diagnosis; explain your disability/pregnancy/religious related limitations and how this accommodation will help you do your job.):	
Is your limitation: ___ Permanent ___ Temporary ___ Unknown	
If your limitation is temporary, anticipated recovery date: _____	
Explain what, if any, job function(s) are you having difficulty performing or employment benefit(s) you are having difficulty accessing:	

Accommodation(s) Requested (Be as specific as possible, schedule change, time-off, ergonomic keyboard, training, etc.):

Explain how the accommodation will assist you with the above stated limitation:

Provide any additional details you think should be considered as a part of your request.

Signature: _____

Date: _____

Depending on the nature of the accommodation requested, you may be asked to provide medical documentation to support your request.