



Applicability: Companywide
Owner: HR Director

REQUEST FOR REASONABLE ACCOMMODATION – APPLICANT
For use with HRP-5010

HRF-5010.01
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For the most recent revision, refer to the Document Management System.

CONFIDENTIAL

Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions of the job. The nature of those accommodations will be determined on a case-by-case basis. If you are an individual with a disability and require a reasonable accommodation to complete any part of the application process, or are limited in the ability or unable to access or use this online application process and need an alternative method for applying, you may request assistance/accommodation by contacting our Helpline +1.208.528.8718 or e-mailing hr@northwindgrp.com. Accommodation requests can also be made by completing the below form and returning it to hr@northwindgrp.com. If you are unable to complete this form on your own, someone else may complete the form on your behalf. This form and any supporting materials or information are confidential.

TO BE COMPLETED BY APPLICANT	
NAME OF APPLICANT	DATE
POSITION APPLIED FOR (OR INTERESTED IN APPLYING FOR)	
ACCOMMODATION(S) REQUESTED (Be as specific as possible, for example, adaptive equipment, reader, interpreter, etc.):	
REASON FOR REQUEST (Please do not disclose your diagnosis; explain your disability-related limitations and how this accommodation will help you perform the essential functions of this job.)	
I CERTIFY THAT I HAVE A DISABILITY THAT REQUIRES REASONABLE ACCOMMODATION, WHICH WILL BE MET BY THE ACCOMMODATION(S) LISTED ABOVE.	
SIGNATURE OF APPLICANT	DATE

NOTE: This completed form is a record and shall be completed entirely and maintained in accordance with project/program records management requirements.