



Request for Reasonable Accommodation

TO BE COMPLETED BY EMPLOYEE REQUESTING ACCOMMODATION (or employee's representative). Note: if this request is for a work-related incident, notify your supervisor and call the PG&E 24/7 Nurse Report Line at 888-449-7787.

Name: (Please Print)	
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Personnel Number:		Date:	
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Contact Information:	
Phone (work):	_____
Phone (home/cell):	_____
Email (work):	_____
Email (home):	_____

Job Classification:	
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Supervisor's Name:	
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Supervisor's Contact:	
Phone (work):	_____
Phone (cell):	_____
Email:	_____



Name:
(Please Print)

**Please describe the reasonable accommodation you are requesting or what help you may need to perform the duties of your position. How will this accommodation allow you to perform the essential functions of your job?
(Please attach additional sheets, if needed.)**

Please identify the reason for your request (attach medical certification, if available).



Employee Responsibilities:

I certify that the foregoing statements are accurate and correct and that I am requesting reasonable accommodation under applicable state and federal disability laws. Further, I agree to participate in the interactive process by providing requested information necessary for the company to make a decision regarding my request in a timely manner. I understand that if I do not provide the requested information, my request for reasonable accommodation may be denied until I provide the requested information.

Please note that the company will only reveal an employee's medical condition to his/her supervisor as needed for first aid, emergency or other safety-related reason. If not for one of the reasons listed, only information regarding your work restrictions/limitations will be shared with your supervisor or manager.

Employee's Signature

Date

When completed, please submit your form to the Stay at Work/Return to Work team by email, confidential FAX, or U.S. mail. You will receive a confirmation that your request has been received.

Stay at Work/Return to Work Team Email:

Accommodations-Req@pge.com

Stay at Work/Return to Work Team Fax:

925-459-6124

Stay at Work/Return to Work Team U.S. Mail Address:

1850 Gateway Boulevard, 7th Floor
Concord, CA 94520

If you have questions regarding this process please contact us at accommodations-req@pge.com or 925-459-7270.

For Office Use Only: Date Received: _____