Lighting/Temperature Modification Request

(page to be completed by employee; it can be completed by DHRM)

Employee Name: _____ Phone Number: _____

Department: _____ Division: _____

Location: _____

Supervisor Name: _____ Phone Number: _____

Please provide answers to the questions below. If you need additional space, please use the reverse side of the page or attach additional pages.

1) What are the current diagnoses of your relevant mental or physical heal conditions? (Please only disclose conditions for which you are seeking a lighting/temperature modifications.)

_____
_____
_____
_____
_____

2) How do your mental/physical health conditions impact any major life activities[1] or any major bodily functions[2]?

_____
_____
_____
_____
_____
_____
_____

3) What lighting/temperature modifications do you need?

_____
_____
_____
_____
_____
_____

Date: _____ Employee Signature: _____

[1] Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, or working are some examples.

[2] Major bodily functions include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Employee Ceiling Light/Temperature Modification Assessment

(to be completed by DHRM)

Medical documentation supports the requested lighting/temperature modification: YES NO N/A

Based on the information received, the following lighting/temperature changes are needed for the employee identified below:

Employee Name: _____ Phone Number: _____

Department: _____ Division: _____

Location: _____

_____

_____

_____

_____

_____

_____

_____

_____

Potential Solutions

(for DFCM to Complete and return to DHRM)

Ways to accomplish the above identified needs include:

Potential Solutions	**Estimated Cost**
Option 1:	
Option 2:	
Option 3:	
Option 4:	

Final Modification

(for DHRM to Complete)

_____

_____

_____

_____

_____

Date implemented: _____