

# Request for Adaptive Google Software

**Section A: Employee Information**

(This section must be completed by the employee requesting an accommodation.)

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| --- | --- |
| **1. Employee Name:** |  |

|  |  |
| --- | --- |
| **2. Work Location:** |  |

|  |  |
| --- | --- |
| **3. Work Phone Number:** |  |

|  |  |
| --- | --- |
| **4. Email Address:** |  |

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| --- | --- | --- |
| **5.** | | **Description of requested accommodation:** |
|  | | Utilize GASMO to access Google email and calendar. | |

|  |  |  |
| --- | --- | --- |
| **6.** | | **This accommodation is necessary because:** |
|  | |  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Employee Signature* |  | Date |

**Section B: Supervisor Information**

(This section must be completed by the supervisor of the employee requesting an accommodation prior to submission to a medical provider.)

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| **1. Supervisor’s Name:** |  |

|  |  |
| --- | --- |
| **2. Work Location:** |  |

|  |  |
| --- | --- |
| **3. Work Phone Number:** |  |

|  |  |
| --- | --- |
| **4. Email Address:** |  |

|  |  |
| --- | --- |
| **5. Date Request Received from Employee:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **6.** | | | **Supervisor’s comments/recommendations on employee requests, and list of accommodations already provided to the employee, if applicable:** |
|  | |  | | |
| **7.** | | | **Approved:**  **Not Approved:** | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature (Supervisor)* |  | Date |

**Supervisor:**

1. **Give a copy of the completed form to the employee.**
2. **Forward a copy of the completed form to the Google Team:** [**googleiowa@iowa.gov**](mailto:googleiowa@iowa.gov)**.**
3. **Forward the completed form to the agency’s Human Resources Associate (HRA).**

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| **Human Resources Associate:**   * If approved, create a 269 P1. * Keep this form and any attachments in a confidential file that is kept separate from the employee’s personnel file. |