

# 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:** |       |

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| --- | --- |
| **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.  |

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

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| --- | --- | --- |
|  |  |  |
| *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****.**
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.
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