



# JUDICIARY OF GUAM FITNESS FOR DUTY FORM – NON LAW ENFORCEMENT



<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE INITIAL:</b>
<b>DIVISION:</b>	<b>POSITION TITLE:</b>	<b>PHONE:</b>

**A. QUESTIONS TO CLARIFY ACCOMMODATION REQUESTED (Attach additional pages if needed)**

1. What specific accommodation are you requesting?

2. If you are not sure what accommodation is needed, do you have any suggestions on what options we can explore? If yes, please explain. Yes  No

3. Is your accommodation request time sensitive? Yes  No

**B. QUESTIONS TO DOCUMENT THE REASON FOR ACCOMMODATION REQUEST (Attach additional pages if needed)**

1. What, if any, job function are you having difficulty performing?

2. What, if any, employment benefit are you having difficulty accessing?

3. What limitation is interfering with your ability to perform your job or access an employment benefit?

4. Have you had any accommodations in the past for this same limitation? Yes  No   
If yes, what were they and how effective were they?

5. If you are requesting a specific accommodation, how will that accommodation assist you?

6. Please provide any additional information that might be useful in processing your accommodation request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C. SUBMISSION TO EEO OFFICE**

**RETURN THIS FORM AND ANY ATTACHMENTS DIRECTLY TO THE EEO OFFICE**

Received on: \_\_\_\_\_ By: \_\_\_\_\_  
EEO Office

**RECOMMENDATION**

Recommend this request for reasonable accommodation be:

APPROVED      Remarks: \_\_\_\_\_

DENIED          Remarks: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
EEO Office

**DETERMINATION**

The request for reasonable accommodation is:

APPROVED      Remarks: \_\_\_\_\_

DENIED          Remarks: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator of the Courts (Signature)