

UNION PACIFIC RAILROAD

Form A – Request for Reasonable Accommodation – “I Need Help” Form

EMPLOYEE INFORMATION

Full Name		Employee ID	
Job Title		Work Location	
Home Phone		Cell Phone #	
Date of Initial Request		Email Address	

ACCOMMODATION REQUEST

1. Did the above named employee request assistance at the workplace as a result of a medical condition? (Details regarding the medical condition other than the impact at the workplace is not to be discussed). ☐ Yes ☐ No

If yes, please describe the assistance requested (ie: schedule change, use of additional equipment, modification of testing materials, modification of job duties, reassignment, etc)? Please be as specific as possible.

2. Are you able to provide the requested assistance? ☐ Yes ☐ No
If yes, please describe the assistance provided:

3. Do you need additional assistance in resolving this issue? ☐ Yes ☐ No

REQUIRED ACTION - SUPERVISOR

Note: Any accommodation request based on a medical condition must be managed by a Vocational Case Manager in Health and Medical Services.

Please complete the table below and fax this form to 402-501-0067 or email to vocrehab@up.com.

UPRR REPRESENTATIVE REPORTING INFORMATION

UPRR Representative Reporting Request		Title	
Today's Date			