

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

As listed below, I \_\_\_\_\_, wish to inform the supervisor and Administrators of South Fork Physical Therapy that I have a significant medical condition or disability that will require modifications to my job duties, or the policy and procedures established may require modification due to this condition. I am willing to discuss these needs with appropriate supervisors and establish a plan to ensure that both parties understand and thrive under the modifications.

\_\_\_\_\_

Employee

\_\_\_\_\_

Supervisor

Modifications requested by employee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Modifications agreed upon by both parties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_