



MISSOURI DEPARTMENT OF TRANSPORTATION  
EMPLOYEE REQUEST FOR REASONABLE SAFETY ACCOMODATION

### EMPLOYEE INFORMATION

Last Name	First Name	Division/District
Telephone Number	Email Address	

### BASIS FOR AND NATURE OF ACCOMMODATION

Please explain the basis for your request and identify the reasonable safety accommodation(s) you are requesting. Attach additional documents if necessary.

### RELATIONSHIP

I am requesting this accommodation because:

I am a victim of domestic or sexual violence.

My family or household member is a victim of domestic or sexual violence whose interests are not adverse to mine relative to the domestic or sexual violence.

### ACKNOWLEDGEMENT

I certify that I or a member of my family is a victim of domestic or sexual violence and that the reasonable safety accommodation is for a purpose authorized under section 285.625 to 285.670, RSMo.

Name

Date

This form may contain confidential personal or medical information. Confidentiality of personal and medical information must be maintained at all times and may not be shared with anyone except those authorized to have access.