



EMPLOYER ACCOMMODATION SUBMISSION REQUEST

Response to all questions is required.

Please email this completed form along with a copy of the job description,
to Prudential (adadvocate@prudentialadadvocate.com)

Once a case is created an Accommodation Acknowledgement email will be sent.

Employer Name:

EXL Service LLC

Employer Control Number:

Employer Contact Name:

Martha Salinas

Employer Contact Email:

leaves@exlservice.com

Employee Name (Last, First):

Employee ID:

Employee Residence Address:

Employee Date of Birth:

Employee Residence City:

Employee Residence State:

Employee Residence Zip:

Phone Number:

Employee Email Address:

Job Title:

Date of Hire (Start Date):

Accommodation For:

Please select an option

General Health Condition (provide a high-level description):

Request Type (Ergonomic Assessment, Equipment/Software, Other, Parking Pass, Schedule Change, Telework, etc.):

Do you require us to request medical documentation to support the employee's ADA accommodation request, or
has the request already been approved and implemented without the need for additional documentation request:

Is this accommodation request temporary or permanent? Temporary ☐ Permanent ☐

If temporary, expected accommodation dates: _____