

DEPARTMENTAL RESPONSE:

Recommend Approval _____ Denial _____ (Explanation Required)

COMMENTS: _____

COPIES TO: ADA Coordinator
Employee
Civil Service

Director/Department Head Signature Date

REASONABLE ACCOMMODATION COMMITTEE:

Recommend Approval _____ Denial _____ (Explanation Required)

COMMENTS: _____

COPIES TO: Department
Employee
Civil Service

City ADA Coordinator's Signature Date

Instructions for completing Employee Accommodation Request

- 1 – 4 Self-explanatory.
5. In your own words, describe the part(s) of your job, which your disability prevents you from performing.
6. Describe what the City can do or provide to help you perform this part of your job.
7. Self-explanatory.
8. In your own words, describe how your disability prevents you from performing your essential job duties.
- 9 & 10. Sign and date the Employee Accommodation Request. Return this completed form to your supervisor along with a copy of your position description, and the appropriate medical documentation of your disability. Your request cannot be processed without medical documentation.