



REQUEST FOR REASONABLE
ACCOMMODATION FORM

A) TO BE COMPLETED BY REQUESTOR

Name _____ Date _____

Phone (Day) _____ (Evening) _____

City Employee Applicant for Employment Other (please explain) _____

Dept/Div _____ Job Title _____

| | | | | | |
|---------------------------------|----------------------------------|---------------------------------|-----------------------------------|---|--------------------------------|
| Type(s) of Disability(ies) | | | | | |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Hearing | <input type="checkbox"/> Visual | <input type="checkbox"/> Mobility | <input type="checkbox"/> Mental/Emotional | <input type="checkbox"/> Other |

Nature and/or Cause of Disability _____

Please identify the position, examination, program, activity, service, or facility for which the accommodation is needed:

Identify the accommodation(s) needed:

Explain how the accommodation(s) will assist you:

Identify the source and cost (if known) for providing the accommodation(s):

Requestor's Signature _____ Date _____

B) TO BE COMPLETED BY REVIEWER

What actions were taken in reviewing this request?

Was the request for reasonable accommodation granted? _____

If the request for accommodation was granted, please explain the nature of the accommodation and whether it was a modification of the original request.

If the request for reasonable accommodation cannot be granted, then an Evaluation Summary Report must be completed and submitted, along with the original Request for Reasonable Accommodation Form, Requestor's Education, Employment, and Training History form, and other required supporting documentation as set forth on page 5 of the Reasonable Accommodation Request and Review Procedures, to the ADA Coordinator, Human Resources Department, EEO Division.

Reviewer's Signature _____ Date _____

Department Director's Signature _____ Date _____