

**REQUEST FOR
REASONABLE ACCOMMODATION
FORM**



The City requests the completion of this form to assist it in assessing your request for a reasonable accommodation. This initial information will be part of an interactive process with you as we explore your request. This form will be kept separate from your personnel file. The responses may generate the need for additional medical information.

TO BE COMPLETED BY REQUESTOR

Print Name _____ Date _____

Phone (work) _____ (personal) _____

City Employee Applicant for Employment Other (please explain) _____

Dept/Div _____ Job Title _____

APPLICANT

A. What limitation(s) is interfering with your job application process? _____

B. How does your limitation(s) interfere with your ability to participate in your job application process? _____

C. Describe any suggested accommodation(s) that you believe will assist you in addressing the above-referenced limitation(s): _____

D. Explain how that suggested accommodation(s) will assist you: _____

E. If applicable, identify the source and/or cost (if known) for providing the accommodation(s): _____

EMPLOYEE

A. What limitation(s) is interfering with your job performance or accessing a benefit of employment?

B. What job function(s) or benefits of employment are you having difficulty performing or accessing because of that limitation(s)? _____

C. How does your limitation(s) interfere with your ability to perform your job function(s) or access a benefit of employment? _____

D. Describe any suggested accommodation(s) that you believe will assist you in addressing the above-referenced limitation(s): _____

E. Explain how that suggested accommodation(s) will assist you: _____

F. If applicable, identify the source and/or cost (if known) for providing the accommodation(s): _____

Requestor's Signature _____ Date _____

RETURN THIS FORM TO HUMAN RESOURCES

GINA DISCLAIMER

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.