

ADA REASONABLE ACCOMMODATION REQUEST FORM

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

I have a medical condition that qualifies as a disability under the ADA. As a result, I am requesting an accommodation that will allow me to effectively perform the essential functions of my position or access to the community, to include ADDS facilities.

Requested accommodation(s):

How the accommodation will help:

This request is made in good faith, and I am open to engaging in the interactive process to determine an effective accommodation. If medical documentation is required to support this request, please let me know how and where it should be submitted.

Please attach any written materials or other information that may be relevant to your complaint.

Print Name _____

Signature _____

Date _____

Approved Denied

ADDS Approval/Denial Representative: _____

ADDS Approval/Denial Representative Signature: _____

Date: _____

Justification of Decision: _____