

ADA Accommodation Request Form

Directions: Employees seeking an accommodation of a disability must complete this form **and also provide current medical documentation substantiating the disability as requested.** Please provide all of this information to the Office of Human Resources. After you submit the form and medical documentation (if requested), a Human Resources representative will contact you to schedule a meeting to discuss your request.

Name:	Job Title:	Date:	Address and Telephone:
Please describe your disability and how it impacts your ability to perform your job duties:			
Please describe the nature of your medical treatment for your disability:			
Please describe the accommodation you are seeking and why you believe it will allow you perform your job duties:			

Signature

date