



Request for Reasonable ADA Accommodation

Employee Name: _____

Supervisor's Name: _____ Department: _____

Describe your disability (e.g. visual impairment, physical impairment, or other):

Describe how your disability impairs your ability to perform assigned job duties:

Describe the reasonable accommodation that you are requesting:

Provide Medical Documentation:

Include copies of any medical documentation such as Functional Capacity Evaluation's, reports or prescriptions issued by your Physician /Health Care Provider, and/or any other documentation relevant to your request. All documentation is confidential and used for the purposes of consideration for an ADA accommodation only.

Employee Signature

Date

**Submit original to:
HR Director**

Received by HR Director _____ on _____