

**AMERICANS WITH DISABILITIES ACT (ADA)
REASONABLE ACCOMMODATION REQUEST**

Protection is afforded under the ADA to a qualified individual with a disability, who can perform the essential functions of the position, with or without reasonable accommodation. "Disability" is defined as (a) a physical or mental impairment that substantially limits one or more of the major life activities of the individual; (b) the individual has a record of such an impairment; (c) the individual is perceived as having an impairment.

Instructions: Please complete the form and attach supporting documentation from your physician and a return to work authorization (as appropriate). Submit completed form to your direct supervisor.

Name: _____

Address: _____

Telephone Number(s): Home: _____ Other: _____

I. Accommodation Request: Please list accommodation(s) requested and reason(s) for request(s):

Signature: _____ Date: _____

For Office Use Only: Date Received: _____ Received By: _____ Printed Name
