



**Request for Reasonable
Accommodation Form**

Name (Please type or print legibly) _____

Mailing Address (Street, City and Zip Code): _____	Residence Telephone: _____
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- County Employee
- Applicant for Employment: Position Applying For _____
- Other: Please explain: _____

County Employees Please List Your Department: _____	Office Telephone: _____
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1. Is your disability or impairment Permanent Temporary Unknown

2. Identify the facility, service, program, job/position, task or activity for which the accommodation is needed.

3. Identify the functional limitation(s) which require accommodation(s). Be specific. For example: Can not lift over 25 pounds for six months.

4. Describe the type of accommodation requested.

Requestor's Signature _____ Date _____

Received by: _____ Date _____

Employee: Return Form to Immediate Manager/Supervisor or Department Reasonable Accommodation Coordinator