



Request for Reasonable Accommodation Form

Name (Please type or print legibly) _____

Mailing Address (Street, City and Zip Code): _____

Residence Telephone: _____

- County Employee
 Applicant for Employment: Position Applying For _____
 Other: Please explain: _____

County Employees Please List Your Department: _____

Office Telephone: _____

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