

Procedure Type: District

Procedure Title: Employee and General Public Request for Accommodation

Whom Does this Procedure Affect: All District Staff

Purpose: The purpose of this procedure is to provide individuals with a form for use when requesting an accommodation.

Requester _____ SSN _____

Telephone _____ Address _____

Disability: _____

If public event: Name of event: _____
Date: _____ Time: _____
Location: _____

Describe the accommodation you are requesting (or the difficulty you are experiencing in performing your job): _____

Requester's signature _____ Date _____

OFFICE USE ONLY

Request received by: _____ Date: _____

ACTION TAKEN (Include information or notification to requester): _____

Approximate Cost Supervisor's Signature Date

____ Please forward copy to Director of Human Resources Office