

Appendix 9-3c
Section 504/ADA Employee Accommodation Request*

NAME: _____ DATE OF REQUEST: _____

EMPLOYEE NUMBER: _____ WORK LOCATION: _____

POSITION: _____

1. State the job function(s) which you feel require accommodation:

2. Why do you feel that you are unable to perform those job functions at the present?

3. What suggestions do you have as possible accommodations that the district may consider?

4. Comments:

**ATTACH ADEQUATE DOCUMENTATION (e.g., medical, psychological, diagnostic, etc.) OF THE DISABILITY.
Submit to your Site Administrator who will then contact the District ADA Coordinator.**