

TOWN OF HOLDEN
REQUEST FOR REASONABLE ACCOMMODATION FORM

The Town requests the completion of this form to assist it in assessing your request for a reasonable accommodation. This initial information will be part of an interactive process with you as we explore your request. This form will be kept separate from your personnel file. The responses may generate the need for additional medical information.

TO BE COMPLETED BY REQUESTOR

Print Name _____ Date _____

Phone (work) _____ (personal) _____

☐ City employee ☐ Application for Employment ☐ Other (please explain) _____

Dept/Div _____ Job Title _____

APPLICANT

A. What limitation(s) is interfering with your job application process?

B. How does your limitation(s) interfere with your ability to participate in your job application process?

C. Describe any suggested accommodation(s) that you believe will assist you in addressing the above-referenced limitation(s): _____

D. Explain how the requested accommodations(s) will assist you: _____

E. If applicable, identify the source and/or cost (if known) for providing the accommodation(s):

EMPLOYEE

A. What limitation(s) is interfering with your job performance or accessing a benefit of employment?

B. What job function(s) or benefits of employment are you having difficulty performing or accessing because of that limitation(s)? _____

C. How does your limitation(s) interfere with your ability to perform your job function(s) or access a benefit of employment? _____

D. Describe any suggested accommodation(s) that you believe will assist you in addressing the above-referenced limitation(s): _____

F. If applicable, identify the source and/or cost (if known) for providing the accommodation(s):

Requestor's Signature _____

Date _____

**RETURN THIS FORM TO THE
HOLDEN ADA COORDINATOR**