

IN THE _____ COURT / AGENCY
Case / File No.: _____

EMPLOYER ACCOMMODATION REQUEST FORM

I, _____, am an employee of _____. I have a disability that substantially limits one or more major life activities. Pursuant to Title I of the ADA, I request the following reasonable accommodations: Requested Accommodation(s): _____
Supporting medical documentation can be provided upon request. I request a timely interactive process to discuss these accommodations.

Respectfully submitted,

Signature / Printed Name

Address: _____

Phone: _____

Email: _____