



DHR/DSS EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

Name of Employee Needing Accommodation:

Name of Person Requesting Accommodation (if different person):

Address:

City/State/Zip Code:

Telephone number:

Nature of Disability or Impairment (specify):

Local DSS Agency Location:

Accommodation Request (Type of accommodation requested.)

Please print or type. Be as specific as possible. If required, attach additional comments.

Note: If requesting **sign language services**, specify type: American Sign Language Interpreter (ASL), Certified Deaf Interpreter (CDI) or Communication Access Real Time Translation (CART)

Please provide any additional information that may assist us in providing a reasonable accommodation (specify):

Employee/Applicant's Signature: _____

Date: _____

For Office Use Only

Date Request Received: _____

Action Taken:

ADA Field Coordinator's Signature: _____

Date: _____