



ROCKY MOUNT, NC
THE CENTER OF IT ALL

**CITY OF ROCKY MOUNT
REASONABLE ACCOMMODATION EMPLOYER REVIEW FORM**

CONFIDENTIAL

Employee/Applicant Name: _____

Job Title: _____

Employee Applicant Daytime Phone #: _____

Request Date: _____ Address: _____

Describe disability and functional limitation:

Describe accommodation being requested and purpose for request:

List essential functions of position and indicate whether the employee can perform the function with the requested accommodation.

1. _____ Yes ___ No ___ N/A ___
2. _____ Yes ___ No ___ N/A ___
3. _____ Yes ___ No ___ N/A ___

**Accommodation not necessary to perform this function. (attach additional pages if necessary)*

Was medical information provided? Yes ___ No ___

Accommodation Request is: Approved ___ Denied ___ Modified ___

If APPROVED, indicate what accommodation will be provided. If MODIFIED, describe modification and provide reason. If DENIED, skip this question and complete section below.

IF REQUEST WAS DENIED, check reasons for denying the accommodation request. You may check more than one.

- The individual did not provide documentation of a disability that substantially limits a major life activity.
- The requested accommodation is ineffective (will not enable individual to perform the essential functions of the position).
- The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.
- The accommodation/modification request will:
 - Create an undue administrative burden.
 - Create an undue impact on operations.
 - Fundamentally alter the nature or operation of the facility.
 - Require lowering of current performance standard(s).
- An effective accommodation that would not pose an undue hardship was offered but rejected by the individual.

Printed name of ADA Co-Coordinator: _____

Signature: _____

Date: _____

Printed name of ADA Co-Coordinator: _____

Signature: _____

Date: _____
