



ROCKY MOUNT, NC
THE CENTER OF IT ALL

REASONABLE ACCOMMODATION PLAN

Date of Request _____

Requestor's Name: _____

Position Title: _____ Grade _____

Department: _____ Division: _____

Worksite Address: _____ Worksite Phone No: _____

The City of Rocky Mount ADA Coordinators finds that _____

(Employee Name)

is a qualified individual with a disability as defined by the Americans with Disabilities Act (ADA).

Essential Functions of Employee's Position which employee is unable to perform:

Accommodations Recommended:

Accepted: _____

Rejected: _____

Employee (Representative) Signature

Date

Department Head (or Designee) Signature

Date