



ROCKY MOUNT, NC
THE CENTER OF IT ALL

ADA REASONABLE ACCOMMODATION REQUEST FORM

Date Requested: _____ Job Title: _____

Employee Name: _____ Phone #: _____

Email: _____ Division: _____

Department: _____ Supervisor: _____

Please provide the following information. Use additional pages or provide documentation as needed.

1. Identify your disability or physical or mental impairment(s) or limitation(s) (“Disability”):

2. Explain how your disability impairs or limits your ability to perform assigned job duties:

3. What specific accommodation(s) are you requesting, if known?

4. Expected duration of the Disability? _____

5. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If *yes*, please explain or attach information.

6. Has a health care professional recommended a specific accommodation? Please describe or attach documentation:

7. Is your accommodation request time sensitive? If *yes*, please explain.

8. Have you had any accommodations in the past for this same limitation? If *yes*, what were they and how did the accommodation(s) help you perform your job?

9. Please provide any additional information that might be useful in processing your accommodation request. We will set up a time to meet to discuss your request.

Signature _____ Date _____

Return this form to the City of Rocky Mount Human Relations Department.