Procedure 1.65(f)

Procedure Type: District

Procedure Title: Employee and General Public Request for Accommodation

Whom Does this Procedure Affect: All District Staff

Purpose: The purpose of this procedure is to provide individuals with a form for use when requesting an accommodation.

______________________________________   _____________________________________
Requester       SSN

_____________________________________________________________________________
Telephone    Address

Disability:

_____________________________________________________________________________

If public event:   Name of event:_____________________________________________________
Date:_____________________________ Time:___________________________
Location:__________________________________________________________

Describe the accommodation you are requesting (or the difficulty you are experiencing in performing your job):

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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_____________________________________________________________________________

___________________________________________________  ____________________________
Requester’s signature       Date
OFFICE USE ONLY

Request received by:_______________________________  Date:____________________________

ACTION TAKEN (Include information or notification to requester):____________________________

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Approximate Cost    Supervisor’s Signature Date

Please forward copy to Director of Human Resources Office

(Format Updated 4/22)