

CITY OF LAFOLLETTE

APPLICANT ACCOMMODATION REQUEST

Please type or print information and return to Human Resources Department. Information contained on this form is classified as **CONFIDENTIAL** to the extent permitted by law. Information obtained or generated in the processing of this Accommodation Request may be released to individuals or agencies participating in the evaluation or provision of this accommodation. *Please complete per instructions on back of form and note that this accommodation request can not be processed unless the requested position description and medical documentation are attached.* For further information contact Human Resources/ADA Coordinator at 423-562-4961

1. _____
Full Name Social Security Number

2. _____
P.O. Box or Street City STATE ZIP

3. Phone Number: _____
Home Work

4. What is the position for which you are applying? _____

5. Describe the portion(s) of the employment test or the position for which you are requesting an accommodation. Please be specific. _____

6. Describe any accommodations you believe would be of benefit in this portion of the testing process, on the job, or accommodations successfully used in the past: _____

7. Describe the nature of your disability: _____

8. How does this disability prevent you from performing the employment testing function or essential job function listed in #5? _____

9. _____
Date Submitted

10. _____
Applicant Signature

Human Resources Response:

Recommend Approval _____ Denial _____ (Explanation Required)

Comments: _____

Copies To: ADA Coordinator
Applicant

Human Resources Dept

Reasonable Accommodation Committee:

Recommend Approval _____ Denial _____ (Explanation Required)

Comments: _____

Copies To: Human Resources
Applicant

City ADA Coordinator's Signature/Date

Human Resources Final Decision:

Approval _____ Denial _____

Copies To: ADA Coordinator
Applicant

Human Resources Signature/Date

Instructions for completing Applicant Accommodation Request

1.-4. Self -Explanatory

5. In your own words, describe the part(s) of the testing process which your disability prevents you from performing.

6. Describe what the City can do or provide to help you perform this part of the test or job.

7. Self-Explanatory

8. In your own words, describe how your disability prevents you from performing the test or job.

9. & 10. Sign and date the Accommodation Request. Return to Human Resources with the appropriate medical documentation. Your request cannot be processed without medical documentation.