Jefferson County

Human Resources Department/Equity & Inclusion Division



Additional Information to Support a Reasonable Accommodation Request Form

Employee Name:	Department:
The Human Resources Department/Equity & Inclusion Division is in receipt for your request for a reasonable accommodation. In order to make an informed decision about your request, the following medical information is required to establish that you have an ADA disability and that the disability necessitates a reasonable accommodation.	
Human Resources Department/Equity & Inclusion Division:	
Date:	