

Jefferson County
Compliance Office/Equity & Inclusion Division
Request for Reasonable Accommodation Form



Name: _____

Date: _____

Section A: To be completed by the employee and forwarded to his/her supervisor or department head.
(Please use and attach additional paper if needed.)

I am requesting the following accommodation:

It is necessary for me to have this accommodation because of the following limitations:

This accommodation will allow me to perform the essential functions of my job by:

Section B. To be completed by the supervisor or department head. One copy should be forwarded to the individual requesting the accommodation and one copy to the Compliance Office/Equity & Inclusion Division.

_____ The Department will provide the requested reasonable accommodation without additional documentation or assistance.

_____ This request for a reasonable accommodation is being forwarded to the Compliance/Equity & Inclusion Division because:

_____ The Department recommends denial of the request based on:

Name _____ Title _____

Department _____ Date _____