

CITY OF DETROIT
ADA - Reasonable Accommodation Request Form

A. Questions to clarify accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes ____ No ____ If yes, please explain.

Is your accommodation request time-sensitive? Yes ____ No ____ If yes, please explain.

B. Questions to document the reason for accommodation request.

What, if any, job functions are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation?
Yes ____ No ____ If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.*

Please provide any additional information that might be useful in processing your accommodation request.

Signature

Date

Return this form to your H.R. Analyst _____ . A meeting will take place within 5 days with HR and your supervisor to ensure that your request is addressed.
*(*You may be requested to bring additional information from your physician.)*