



Employee Request for Disability Accommodations

Name: _____

Phone Number: _____ E-mail: _____

Position: _____ Department: _____

Immediate Supervisor: _____

1. What specific accommodation(s) are you requesting?

2. 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: _____

3. Is your accommodation request time sensitive? YES NO

If yes, please explain: _____

4. What, if any, job function(s) are you having difficulty performing?

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

6. What limitation(s) is interfering with your ability to perform your job or access an employment benefit?

7. Have you ever received workplace or disability accommodations? YES NO

If yes, what were they and how effective were they?

8. How long was the accommodation provided? _____

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

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

Signature: _____ Date _____

All medical information will be maintained separately from personnel files and in accordance with all federal and state requirements.

Please return to:
Laura Catoe, ADA Coordinator
Joe Ford Center, Suite 102
256-549-8462
lcatoe@gadsdenstate.edu