

City of Cullman
REASONABLE ACCOMMODATION REQUEST FORM

To: Luke Satterfield, Title I ADA Coordinator

From: _____ *

(Name of person requesting accommodation)

Address: _____ *

Street Apt# City State Zip

Home Tel: _____ **Work Tel:** _____

Cell: _____

Email: _____ *

REQUEST FOR REASONABLE ACCOMMODATIONS

1. I am requesting accommodation because: ☐ *A ☐ *B

A. I am applying for employment. The accommodation request will allow me to participate in the examination for: _____.

(Position Title)

B. I am currently employed by the City and request a reasonable accommodation. My current job title is: _____.

(Job Title)

2. My specific functional limitation is: _____.

The accommodation I am requesting is described below.

Describe the type of accommodation, i.e., a purchasable item (list model number, cost, where it can be obtained, etc.), suggestions for work site or examination site modifications, or specific job duties which may be restructured or shared to facilitate employment, participate in the examination, or utilize a City program, activity, or service.

3. Describe how this accommodation will assist you. (Attach additional sheets as necessary.)

CERTIFICATION

I certify that I have a disability or medical condition that requires reasonable accommodation which will be met by acquiring the equipment, services, or work adjustments described above. I further authorize the City of Cullman to receive medical information pertinent to my reasonable accommodation request.

Signature: _____ Date: _____

* **REQUIRED**