

AMERICANS WITH DISABILITIES ACT – Reasonable Accommodation Request Form

CITY OF GROVE, OK
Employment Reasonable Accommodation Request Form

Type of Request: _____ Request No. _____

Employee _____ Applicant _____

Department: _____ Immediate Supervisor: _____

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Cell : _____

* Please submit this form to your Immediate Supervisor.

PART I: EMPLOYEE/APPLICANT REQUESTING ACCOMMODATIONS

Please list accommodations requested and reason for request:

A completed Physician’s Medical Leave of Absence and/or Return to Work form must be attached to this request.

Signature

Date

Print Name

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PART II: REASONABLE ACCOMMODATIONS PROCEDURE

Date Request was made: _____

Request made to: _____ Title: _____

Requesting employee/applicant name: _____

Date of discussion with employee/applicant: _____

Is this employee/applicant covered by ADA? Yes _____ No _____

Date ADA Compliance Officer reviewed request: _____

Date (if necessary) ADA Compliance Officer met with employee/applicant: _____

List accommodation(s) (if any) recommended by the ADA Compliance Officer:

Date Compliance Team reviewed ADA Compliance Officer’s recommendation: _____

Date Reasonable Accommodation Agreement was approved by Compliance Team: _____

List accommodation(s) (if any) included in the Reasonable Accommodation Agreement:

If accommodation(s) were included in Reasonable Accommodation Agreement, do they meet the needs of the requestor? Yes _____ No _____

What was the total cost in providing the accommodations? _____

Date accommodations were completed. _____

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If accommodations were denied, list reasons for denial: _____

Date file was closed: _____

Compliance Team Members

ADA Compliant Officer

Date

HR Director

Date

City Attorney

Date

City Treasurer

Date

Buildings and Grounds Superintendent

Date