

AMERICANS WITH DISABILITIES ACT – Reasonable Accommodations Agreement

**CITY OF GROVE, OK
Reasonable Accommodations Agreement**

Type of Request: _____ Request No. _____

Employee _____ Applicant _____

Department: _____ Immediate Supervisor: _____

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Cell : _____

PART I: ACCOMMODATIONS REQUESTED BY EMPLOYEE/APPLICANT:

PART II: ACCOMMODATIONS RECOMMENDED BY ADA COMPLIANCE OFFICER

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PART III. ACCOMMODATIONS AGREED TO BY REQUESTOR AND COMPLIANCE TEAM

Date accommodations will be completed: _____

Requestor and Compliance Team agree on the accommodations set forth herein.

Requestor

Employee

Date

Applicant

Date

Compliance Team Members

ADA Compliant Officer

Date

HR Director

Date

City Attorney

Date

City Treasurer

Date

Buildings and Grounds Superintendent

Date