

WHITMAN COUNTY REASONABLE ACCOMMODATION REQUEST FORM

Name: _____ Wk Phone: _____ Hm Phone: _____

Address: _____

Email: _____

Service/Program Desired: _____

Position Applied For or Currently Occupying: _____

I am an applicant/employee for/in the service, program or position named above and may require "Reasonable Accommodation." I hereby request that the ADA Coordinator contact me regarding reasonable accommodation, and I authorize him/her to verify this request.

Applicant/Employee Signature

Date

Describe below the accommodation you are requesting and reason you may need it:

Attachments: _____

Employees: please provide a medical statement describing the disability, applicable limitations and what special needs are medically necessary:

Verification Contact: _____

Title: _____

Agency: _____

Phone Number: _____

FOR ADA COORDINATOR USE ONLY					
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Needed	<input type="checkbox"/>	Denied
Comments: _____					

ADA Coordinator & Department Head/Elected Official Signatures:					
Signature: _____			Date: _____		
Signature: _____			Date: _____		