

**City of Huntsville
REASONABLE ACCOMMODATION REQUEST FORM**

To: Byron K. Thomas, Title I ADA Coordinator

From: _____
(Name of person requesting accommodation)

Address: _____
Street Apt# City State Zip

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

REQUEST FOR REASONABLE ACCOMMODATION

1. I am requesting accommodation because (circle one) **A** or **B**
- (A)** I am applying for employment. The accommodation requested 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:

2. My specific functional limitation is: _____

The accommodation I am requesting is described below. (Describe the type of accommodation--if it is 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.
(Please 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 Huntsville to receive medical information pertinent to my reasonable accommodation request.

Signature: _____ **Date:** _____
