

AMERICANS WITH DISABILITIES ACT (ADA)

REQUEST FOR ACCOMMODATION

To: Human Resources

From: _____ Date of Request: _____

Work Location: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

I am requesting an accommodation under the Americans with Disability Act (ADA) because of my disability. Attached please find a Medical Certificate (P-33A) from my medical provider stating what my disability is, and how it impacts my ability to perform major life functions. The accommodation that I am requesting is:

I understand that you may have questions about my request and may need to contact my medical provider. I hereby give you permission to do so.

Signature

Date

Please send completed form to the above address or fax to: 860-424-4987.

To Be Completed By the ADA Coordinator

Accommodation Request is: Approved ___ Denied ___ Modified ___ (Explain below)

Signature of ADA Coordinator

Date