



## ADA Initial Accommodation Request Questionnaire

Name of applicant: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred method of communication: \_\_\_\_\_

A. Clarify accommodation requested

1. What specific accommodation are you requesting?

2. If you are not sure what accommodation is needed do you have any suggestions about what options we can explore?

If yes, please explain

3. Is your accommodation time sensitive?

If yes, please explain

B. Document the reason for the accommodation request

1. What, if any, job function are you having difficulty performing? Please attach your job description with essential job functions listed.

2. What, if any, employment benefit are you having difficulty accessing?

3. What limitation is interfering with your ability to perform your job or access an employment benefit?
  
4. Have you had an accommodation in the past for this same limitation?  
If yes, what were they and how effective were they?
  
5. If you are requesting a specific accommodation, how will that accommodation assist you?

C. Verification of limitation

1. Please see attached form for medical verification of limitation, duration, and suggestions for possible accommodations.

D. Other

1. Please provide any additional information that might be useful in processing your accommodation request:

- E. 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:

\_\_\_\_\_ Signature and Date

*Please return this form to your Human Resources Office*

*47 South Main Street Suite 308, Tooele, UT 84074*

*435-843-3457 or email [tadams@tooeleco.org](mailto:tadams@tooeleco.org)*

