



## **Americans with Disabilities Act (ADA) Reasonable Accommodations Request Form**

*If you have met with your supervisor but are unable to agree on accommodations or modifications, please complete this form and return it to the District's EEO Officer at 501 N. Gulkana St., Palmer, Alaska 99645 or by email to [EEO@matsuk12.us](mailto:EEO@matsuk12.us). The EEO Officer is the District's designated ADA Coordinator.*

### **A. General information**

Employee name:	Email address:	Home phone:
Supervisor's name:	Work location:	Work phone:

### **B. Questions to clarify accommodation requested**

- 1) What specific accommodations are you requesting?
- 2) If you are not sure what accommodations you need, please suggest any options for accommodation that you believe may be appropriate.
- 3) Have you discussed with your supervisor your request for accommodation?

a) Please provide the name of your supervisor and the date of your request.

b) What was your supervisor's response to your request?

**C. Questions to document the reason for the request**

1) What job functions are you having difficulty performing?

2) What employment benefits are you having difficulty assessing?

3) What limitation is interfering with your ability to perform your job or access an employment benefit?

4) Describe any accommodations you have had in the past for the same limitation.

5) If you are requesting specific accommodations, how will those help you?

**D. Other**

Please have your medical provider complete the District's **Medical Inquiry Form in Response to Employee Request for Accommodations** and return with this form.

\_\_\_\_\_  
**Employee signature**

\_\_\_\_\_  
**Date**

