



Request for Reasonable Accommodation Form

Today's Date

The City requests the completion of this form to assist with assessing your request for a reasonable accommodation. This initial information will be part of an interactive process with you as we explore your request. This form will be kept separate from your personnel file. The responses may generate the need for additional medical information.

TO BE COMPLETED BY THE REQUESTOR

Printed Name Phone (Work)

Phone (Personal)

City Employee Applicant for Employment Other (Please Explain)

Department/Div. Job Title

APPLICANT

A. What limitation(s) is interfering with your job application process?

B. How does your limitation(s) interfere with your ability to participate in your job application process?

C. Describe any suggested accommodation(s) that you believe will assist you in addressing the above-referenced limitations(s)?

D. Explain how that suggested accommodation(s) will assist you:

E. If applicable, identify the source and/or cost (if known) for providing the accommodation(s):

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5/9/23

EMPLOYEE

A. What limitation(s) is interfering with your job performance or accessing a benefit of employment?

B. What job function(s) or benefits of employment are you having difficulty performing or accessing because of that limitation(s)?

C. How does your limitation(s) interfere with your ability to perform your job function(s) or access a benefit of employment?

D. Describe any suggested accommodation(s) that you believe will assist you in addressing the above-referenced limitation(s)?

E. Explain how that suggested accommodation(s) will assist you:

F. If applicable, identify the source and/or cost (if known) for providing the accommodation(s):

Requestor's Signature

Date

Return this form to the Department of Civil Service and Personnel

E-mail: cspersonnel@hamilton-oh.gov