

REASONABLE ACCOMMODATION REQUEST FORM

Employee

Program Participant

Candidate for Employment

First Name

Last Name

Phone Number

Email Address

Office/Program Area

Work location/Building

1. My specific functional limitation is: _____.

The accommodation I am requesting is described below.

2. Describe how this accommodation will assist you. Please attach additional sheets as necessary.

EMPLOYEE CERTIFICATION

I certify that I have a medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above. I give the Department of Economic Opportunity permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act (ADA). This includes permission to obtain relevant medical records. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements.

Signature:

(Date)

Department of Economic Opportunity
Office for Civil Rights

The Caldwell Building, MSC 150 | 107 East Madison Street | Tallahassee, Florida 32399-4129
Phone 850-921-3205 | Fax 850-921-3122 | TTY/TDD 1-800-955-8771 | Voice 1-800-955-8770

For more information, go to www.floridajobs.org.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
All voice telephone numbers in this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.