

## REQUEST FOR REASONABLE ACCOMMODATION

The City of Carson will make reasonable accommodations to qualified applicants and employees with disabilities to enable them to perform the essential functions of their jobs, or to enjoy the equal benefits and privileges of employment and the employment process, unless providing such accommodation would impose an undue hardship. This form shall be made available to and used by all applicants and employees requesting reasonable accommodations, in conjunction with the City's Reasonable Accommodation Policy and Procedure.

**INSTRUCTIONS:** Applicants should complete Sections I and II and submit this form to the City staff supervising the application process. Current employees should complete Sections I and III and submit this form to their immediate supervisors. Supervisors receiving requests for reasonable accommodation should complete Section IV, return one copy of the completed form to the applicant or employee requesting the accommodation, and immediately forward one copy of the form to the city's Americans with Disabilities Act (ADA) Coordinator. The ADA Coordinator should complete and update Section V as appropriate. Supervisory staff, or the ADA Coordinator, shall assist applicants or employees in completing this form where requested.

### **Section I – This section should be completed by both applicants and current employees.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Accommodation Requested (attach additional sheets and supporting documentation as appropriate)

\_\_\_\_\_

### **Section II – Complete this section only if you are a job applicant.**

Position/title applied for \_\_\_\_\_

Department (if known) \_\_\_\_\_

Location of Position (if known) \_\_\_\_\_

Job Vacancy Notice Number (if known) \_\_\_\_\_

Part(s) of employment process for which an accommodation is requested (e. g., application, examination, interview)

\_\_\_\_\_

Department Contact Person (if known) \_\_\_\_\_

Date of Examination/Interview \_\_\_\_\_

**Section III –Complete this section only if you are an employee (even if you are currently on leave).**

Position/Title \_\_\_\_\_

Department \_\_\_\_\_

Location \_\_\_\_\_

Supervisor \_\_\_\_\_

Job duties for which an accommodation is requested

\_\_\_\_\_  
\_\_\_\_\_

**Section IV – To be completed by the City staff supervising the employment application process or supervising an employee requesting a reasonable accommodation.**

Supervisor Name and Title \_\_\_\_\_

Unit/Agency \_\_\_\_\_

Location \_\_\_\_\_

Phone \_\_\_\_\_ Date Request Received \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_

**After completing this section, supervisors must return a copy of this form to the applicant or employee, immediately send a copy to the City's ADA Coordinator, and take such further action as is required by the Reasonable Accommodation Policy and Procedure.**

**Section V – To be completed by the City's ADA Coordinator.**

Name \_\_\_\_\_

Location \_\_\_\_\_

Phone \_\_\_\_\_ Date Received \_\_\_\_\_

ADA Coordinator Signature \_\_\_\_\_

ADA Coordinator comments, with date. ADA Coordinator should consult the Reasonable Accommodation Policy and procedure for further guidance on documenting progress and monitoring

implementation of any reasonable accommodation. (Attach additional sheets if needed.)

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