

**EMPLOYEE'S
REQUEST FOR REASONABLE ACCOMMODATION**

In accordance with the Americans with Disabilities Act (ADA), I am requesting that the City of Little Rock (hereafter the "City") make reasonable accommodation to enable me to perform the essential functions of the _____ position.

(Please check one)

- I currently hold the above stated position.
 I am a candidate for the above stated position.

Name: _____ Employee Number: _____
(Please Print)

Address: _____

Home Phone: _____ Work Phone: _____

NOTE: The information provided in the spaces below will enhance, and hopefully expedite, the process of identifying and implementing a reasonable accommodation. Therefore, it would be most beneficial for you to be as thorough as possible. Please attach additional sheets if necessary.

Please describe the nature of your impairment (attach supporting medical documents):

Please describe precise job related limitation(s) imposed by the condition (specific to the position in question):

Please suggest, as precisely as possible, the accommodation which you believe would best serve the needs of you and the City: _____

Signature of Requestor

Date

Supervisor/Hiring Authority

Date Received

cc: Human Resources: Labor and Employee Relations Division

Revised 06-21-17