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|  | Request for Reasonable Accommodation | |
| All requests for ADA Reasonable Accommodations to the physical and/or mental limitation of an applicant/employee with a disability are carefully considered and decisions are made in compliance with all applicable laws and regulations. In order for the City of Austin (COA) to process a reasonable accommodations request, applicants/employees may need to submit medical documentation. A Departmental ADA Coordinator will advise you if medical documentation is needed. Medical documentation will be kept confidential. | |
| Applicant/Employee: please complete all areas that are applicable | |
| **Name:** | | Job Title: |
| **Phone Number:** ( )- | | **EIN#** |
| **COA Department:** | | **Supervisor’s Name :** |
| **Date Employed:** | | **Supervisor’s Phone No.** ( )- |
| **Applicant**: Title and Job Order Number of Positions(s) for which you are applying | | |
| **Employee**: Specific limitations in performing your current job | | |
| **Applicant and Employee**: Accommodation(s) Requested | | |
| **Applicant/Employee Signature:**   **Date of Request** | | |
| **Physician’s Name** | | **Physician’s Phone No.** (Optional)  ( )- |