



County of Los Angeles Voluntary Request for Reasonable Accommodation Form

Applicant/Employee Name: _____

Applicant Employee Department Name: _____

Telephone Number : (____) _____ TTY Number: (____) _____

Address (Worksite or Home) _____

Job Title or Position Applying for: _____

Supervisor: _____

This form may be used when requesting a disability-related reasonable accommodation for the following purposes:

1. To complete the employment application process.
2. To perform essential job functions.
3. To have the same benefits and privileges as non-disabled employees.
4. To obtain evacuation assistance in a time of emergency.

Once you have completed this form, return it to your supervisor, your Personnel Officer, or submit it directly to your Departmental ADA Coordinator.

Documentation of Covered (Protected) Status

When requesting a Reasonable Accommodation, be prepared to provide documentation of your protected status. Prior to the department accepting disability information from you, you must provide a completed Authorization for Request or Use/Disclosure of Protected Health Information (PHI). All such documentation will be treated confidentially.

Please answer the following questions regarding your accommodation needs:

How does your limitation restrict your ability to accomplish or obtain one of the four items listed above? (Please describe as specifically as possible. If related to the performance of job responsibilities, state the task(s) for which you need an accommodation, and describe the difficulty you have performing that task.) _____

What specific accommodation(s) are you requesting? _____

Are you aware of a third party, such as the Department of Rehabilitation, who might pay part or all of the cost of this accommodation? Yes No If yes, please provide the contact information for that agency _____

Your request will be given thorough consideration. Upon receipt of your request, the Department will notify you of either the approval of your request, requirement of additional documentation, or the time frame for consideration. In order to explore reasonable accommodation, there is a need for the department to conduct an interactive process with you regarding accommodation options. (Therefore, in this process, alternatives may be discussed with you and you may be contacted for additional information before making a decision). Once the department has reached a decision, you will be informed.

In all instances, once the Department has obtained from you complete documentation of your limitations; you will be informed of progress or a decision date. If you have not heard from your coordinator within a reasonable period of time, you may contact them directly for a status. If, after a Department decision, you believe your rights have not been enforced, you may file a complaint with The County's Intake Specialist Unit (CISU).

I believe I have a protected disability (a physical or mental impairment that limits one or more major life activities) and I can perform the essential functions of my job with or without a Reasonable Accommodation.

Signature _____ Date _____

This form is available in alternate format from the Departmental Personnel Officer, Departmental Reasonable Accommodation Coordinator, ADA Coordinator or your supervisor upon request.