



**SECTION 504/AMERICANS WITH DISABILITIES ACT
EMPLOYEE REQUEST FOR ACCOMMODATION**

**DAVIS COUNTY SCHOOLS
P.O. Box 0588 • 45 East State Street • Farmington, Utah 84025-0588**

NAME _____ DATE OF REQUEST _____
(Please Print)

NAME _____ HOME TELEPHONE _____
(Signature)

SOCIAL SECURITY NUMBER _____ SCHOOL OR DEPT. _____

HOME ADDRESS _____ WORK PHONE NUMBER _____

CITY AND ZIP CODE _____

1. Describe the nature of your impairment:

2. Specifically, state the extent to which the impairment limits your ability to perform job functions, school participation, and/or other life activities:

3. Suggestions you have as possible accommodations the District should consider:

4. Additional comments:

Attach additional sheets as necessary.

ATTACH ADEQUATE DOCUMENTATION (e.g., medical, psychological, etc.) OF THE IMPAIRMENT
Submit to your Site Administrator who will then contact the District ADA Coordinator
Do not use this form for student request, use form DCSD/504 Form/Oct 98