

# Request for Disability Accommodation (ADA)



Employee Name: \_\_\_\_\_

EIN#: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Employee Email Address\*: \_\_\_\_\_

\*this email address will be used for all HR Correspondence. If one is not provided, correspondence will be mailed to your home address.

**Describe your disability** (e.g. visual impairment, arthritis, etc.):

**Describe how your disability impairs your ability to perform assigned job duties:**

**Describe the reasonable accommodation that you are requesting:** Be specific.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Submit original to:**

**Loretta Brazelton, HR Analyst, Compliance**

**loretta.brazelton@slcschools.org or fax to 801-578-8598**