

**ARLINGTON COUNTY GOVERNMENT
VOLUNTARY REQUEST FOR REASONABLE
ACCOMMODATION FORM**

If you have a disability that is covered (protected) under the Americans with Disabilities Act (ADA) and you are a qualified individual, you are entitled to Reasonable Accommodation should you need one.

Reasonable Accommodation will be provided to the extent that it does not pose an undue hardship. Accommodation may be requested for the following purposes:

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

Advance notice is usually required to fulfill *Reasonable Accommodation* requests. However, a response to an immediate need for accommodation will be made to the extent feasible.

Date Accommodation is needed:

Check one: Applicant

Employee

Name:

Department:

Job Title:

Worksite Location/Address:

Work Phone No.:

Supervisor:

Home Phone No.:

Documentation of Protected Status: (Explain or attach copy)

When requesting Reasonable Accommodation, be prepared to provide documentation of your protected status. All such documentation will be treated confidentially.

I am requesting accommodation for the following reason(s): (***check relevant boxes***)

- To complete the employment application process including examination.
- To perform essential job functions.
- To have equivalent benefits and privileges of non-disabled employees.
- To obtain evacuation assistance in a time of emergency.

How does your limitation restrict your ability to accomplish or obtain the item(s) checked above?

If related to the performance of job responsibilities, state the job functions for which you need an accommodation, and describe the difficulty you have performing that task.

What type of accommodation(s) do you believe would be effective? For those accommodations that must be purchased or attained, please identify possible resources for the County to consider in responding to the accommodation request.

I CERTIFY THAT THE ABOVE STATEMENT AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature:

Date:

If, after addressing your request, you believe that your rights under the ADA have not been enforced, you may file an appeal with the County Office of Human Rights/EEO and Affirmative Action for compliance.

For ADA accommodations or questions regarding ADA please contact Antonio Acevedo on (703) 228-0591 fax (703) 228-4390 TTY (703) 228-3446.

Submit this form to: Office of Human Rights, 2100 Clarendon Blvd, Suite 318 Arlington, VA 22201