



## ADA CITIZEN/EMPLOYEE REQUEST FOR ACCOMMODATION

DATE \_\_\_\_\_

Person Requesting Accommodation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

I am requesting accommodation because (check one):

☐ I am applying for employment and the accommodation is necessary to allow me to complete the application process.

☐ I am currently employed by the City of Easley in the \_\_\_\_\_ Department. My job title is \_\_\_\_\_. I am requesting an accommodation in order to perform the essential functions of my job.

Describe the functional limitation(s) caused by your disability for which you are requesting the accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe an accommodation which you believe would assist you in the (a) application process or (b) performance of your job. Please be as specific as possible. In the event that you perceive alternative accommodations that may provide solutions, please include information as to all available options.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person completing request: \_\_\_\_\_

*The City of Easley is an equal opportunity provider and employer.*

Individuals with questions concerning Requesting for Reasonable Accommodation may contact the City of Easley ADA Coordinator, at City of Easley Human Resources Department, 864-855-7900.

Human Resource Department  
PO Box 466  
Easley, SC 29641  
Phone: (864) 855-7900  
Fax: (864) 855-7905  
Email: [jjennings@cityofeasley.com](mailto:jjennings@cityofeasley.com)

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