



# City of Stamford

Human Resources Division  
888 Washington Blvd., 9<sup>th</sup> Floor  
Stamford, CT 06904

## CONFIDENTIAL

All information shared with the City of Stamford through the ADA/ADAAA evaluation and/or reasonable accommodation process will be maintained separate from personnel files and in accordance with all ADA/ADAA requirements.

### Reasonable Accommodation Request Form

Individuals who are employed at the City of Stamford and requesting reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA) are encouraged to complete this form in its entirety. If you are unable to complete this form on your own, someone else may complete the form on your behalf. Completed forms are to be returned to the ADA Officer located in the Department of Legal Affairs of Stamford Government Center at 888 Washington Blvd., Stamford, CT 06904 or to the Human Resources Representative for your Department.

\_\_\_\_\_  
*Accommodation Request Date*

\_\_\_\_\_  
Department

\_\_\_\_\_  
*Employee Name (please print)*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Employee Position Title*

\_\_\_\_\_  
*Employee Telephone Number*

\_\_\_\_\_  
*Employee Representative (if not completed by employee)*

\_\_\_\_\_  
*Representative Telephone (if not completed by employee)*

\_\_\_\_\_  
*Signature of Employee or Representative*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Supervisor's Name*

\_\_\_\_\_  
*Supervisor's Telephone*

**1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation and the expected duration of the impairment(s). Include the date of diagnosis. *(If you require more space, please use the back of this form.)***

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**2. Explain how the impairment(s) listed above affect(s) your ability to perform the essential functions of your position. If you are a new employee, state the anticipated difficulties you foresee in completing your essential job duties. Be as specific as possible regarding the job duties you are having difficulty performing or believe you will have difficulty performing. Note: Essential Functions are duties that are basic or fundamental to a position.**

**3. List the accommodation(s) you are requesting in order to perform your essential job functions. Note: Accommodation is any modification to a job, practice, policy, equipment, schedules, or the work environment that allows an individual with a disability to participate equally in an employment opportunity.**

**4. Add any comments you feel may be helpful in our consideration of your request.**

**5. Medical verification of the impairment(s) (check the appropriate box):**

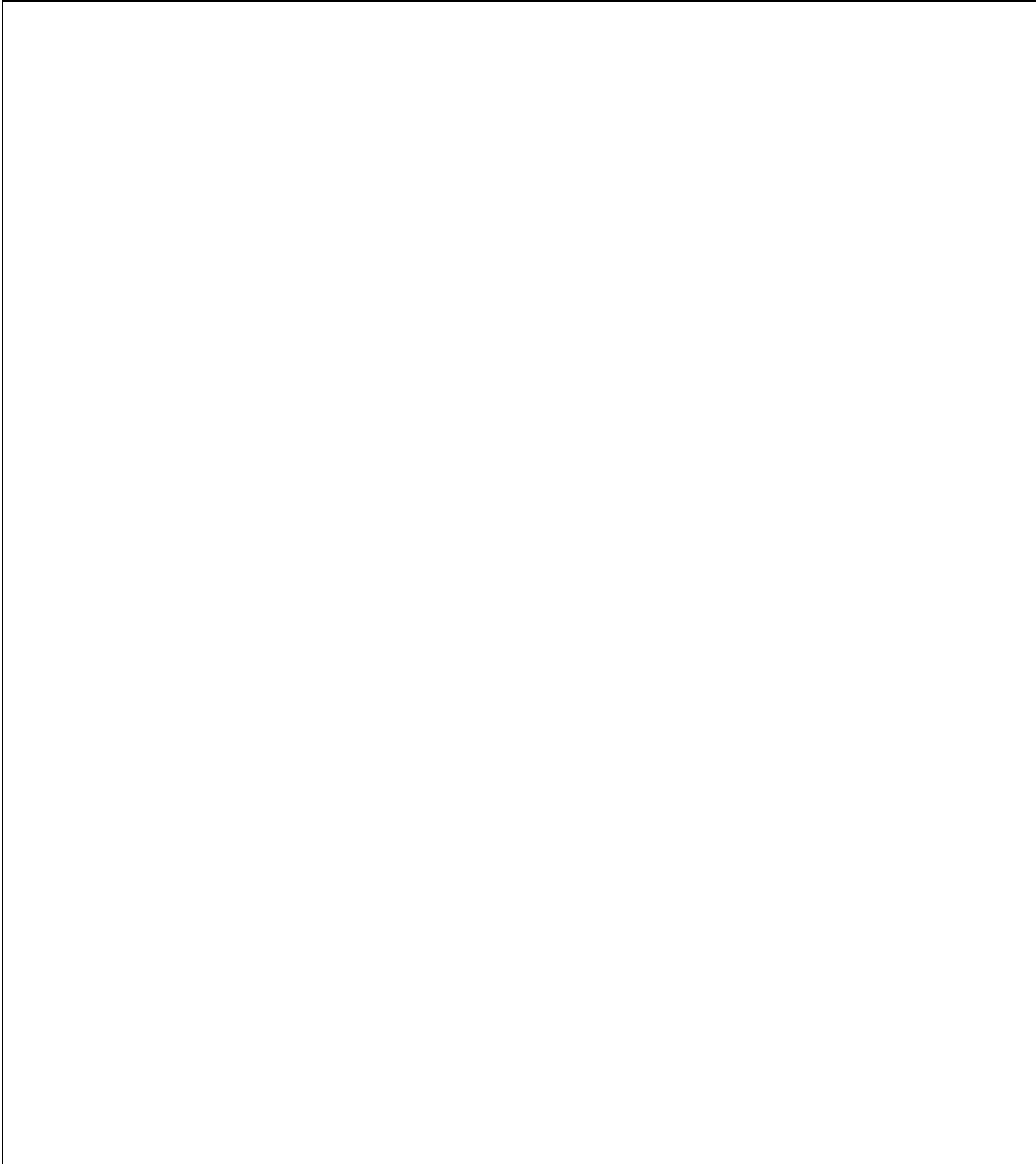
**I have enclosed the applicable medical documents with this request.**

**The disability and need for a reasonable accommodation is obvious and no medical documentation is needed. Explain.**

**\*NOTE:** The City of Stamford reserves the right to request documentation if the evaluator believes more information is needed to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation. This may require that you complete a release authorizing the evaluator to obtain medical information necessary to make an evaluation.

An Equal Opportunity Employer

Additional Information:

A large, empty rectangular box with a thin black border, intended for providing additional information. The box is currently blank.