



County of Ingham

HUMAN RESOURCES DEPARTMENT

Employee Accommodation Request Form (ADA)

EMPLOYEE NAME

EMPLOYEE NUMBER

JOB TITLE

DEPARTMENT

EMPLOYEE SIGNATURE

DATE

A. Questions to clarify accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

Yes

No

If *yes*, please explain.

Is your accommodation request time sensitive?

Yes

No

If *yes*, please explain.

B. Questions to document the reason for accommodation request.

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation?

Yes

No

If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

RETURN FORM TO:

ADA Coordinator
Human Resources Department
5303 S. Cedar, Bldg. 2, Suite 2101
Lansing, MI 48911
Tel: 517-887-4374 / Fax: 517-887-4396