

DELAWARE CITY SCHOOLS

REQUEST FOR REASONABLE ACCOMMODATION

NAME

TELEPHONE NUMBER

ADDRESS

POSITION

IMMEDIATE SUPERVISOR

DESCRIPTION OF DISABILITY:

WHEN ACCOMMODATION NEEDED: _____

ACCOMMODATION REQUESTED:

- A. Access to facility, program or activity (Indicate how access or participation can be accomplished): _____

- B. Job restructuring/modification: _____

- C. Purchase or modification of equipment: _____

- D. Work related personal accommodation: _____

- E. Other: _____

ADDITIONAL INFORMATION:

SIGNATURE

DATE

4/07

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