

NEW JERSEY DEPARTMENT OF HUMAN SERVICES CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION FORM

Instructions: Complete all requested information. Sign and date form. Return the fully completed form to your immediate supervisor, interviewer, or DHS division or institution ADA Coordinator.

Name: _____
(Name of individual requesting a reasonable accommodation)

Address: _____

Telephone: Home: () _____ Work: () _____

Job Title: _____ Location: _____

Shift: _____ Supervisor/Interviewer: _____

1. Describe the accommodation requested.

2. Set forth the expected duration of requested accommodation.
From _____ to _____.

3. Describe the basis of request for reasonable accommodation (explain the medical condition for which the accommodation is needed; the limitations suffered by you as a result of the medical condition or treatment thereof).

4. List any documentation provided in support of the requested accommodation.
Attached: _____ Medical Documentation
 _____ Resume
 _____ Other

Signature of individual
Requesting accommodation: _____ Date: _____

Signature of Supervisor,
Interviewer, or ADA Coordinator: _____

Date Received: _____