

**RIVERSIDE COUNTY DISABILITY ACCESS OFFICE
WORK ACCOMMODATION REQUEST FORM**

I. General Information

Name of Employee: _____

Employee #: _____ Position: _____

Supervisor: _____ Department: _____

II. Type of Accommodation Requested

- Time off from regular work schedule
- Modification of job schedule
- Modification of job duties
- Modification of policy
- Alteration to job site
- Other: _____

III. Description of Accommodation and Job Function Relationship

Describe as completely as possible the type of accommodation your are seeking. If appropriate, please list specifications for products indicated. Please also describe the job function you will be able to perform by use of this accommodation.

IV. Certification of Request

I voluntarily request I be provided with the above indicated work accommodations in compliance with the Americans with Disabilities Act (ADA)/Fair Employment and Housing Act (FEHA). I understand that Riverside County requires I provide medical documentation supporting this request and the determination of whether or not I am eligible for accommodation is contingent upon such documentation. Moreover, I understand under ADA/FEHA, only reasonable accommodations that do not pose an undue hardship to the employer are required.

Employee Signature: _____ Date: _____

Disability Access Office (DAO) - Human Resources
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