CITY OF KNOXVILLE EMPLOYEE ACCOMMODATION REQUEST

Please type or print information and return to your supervisor. Information contained on this form is classified as *CONFIDENTIAL* to the extent permitted by law. Information obtained or generated in the processing of this Accommodation Request may be released to individuals or agencies participating in the evaluation or provision of this accommodation. *Please complete per instructions on back of form and note that this accommodation request can not be processed unless the requested position description and medical documentation are attached.* For further information contact Human Resources at 865-215-3100 or the City ADA Coordinator at 865-215-2034.

1.	FULL NAME	EMPLOYEE ID NUMBER	
2.			
	P.O. BOX OR STREET CITY	STATE ZIP	
3.	PHONE NUMBER: () -		
	HOME	WORK	
ŀ.	What is your current position? Department:		
5.	List the essential function(s) of your job for which you Please be specific.		
6.	Describe any accommodation(s) you believe would be accommodation(s) successfully used in the past:	of benefit in this portion of your job, or	
7.	Describe the nature of your disability:		
3.	Describe how this disability prevents you from perform	ming the essential function(s) listed in #5	

DEPARTMEN	TAL RESPONSE:		
Recommend A	Approval	Denial	_ (Explanation Required)
COMMENTS:			
COPIES TO:	ADA Coordinator		
COFILS TO.	Employee Civil Service	Director/Department Head Signature	Date
REASONABL	E ACCOMMODATION	COMMITTEE:	
Recommend Approval		Denial	_ (Explanation Required)
COMMENTS:			
COPIES TO:	Department		
00112010.	Employee Civil Service		
	•	City ADA Coordinator's Signature	Date

Instructions for completing Employee Accommodation Request

- 1 4 Self-explanatory.
- 5. In your own words, describe the part(s) of your job, which your disability prevents you from performing.
- 6. Describe what the City can do or provide to help you perform this part of your job.
- 7. Self-explanatory.
- 8. In your own words, describe how your disability prevents you from performing your essential job duties.
- 9 & 10. Sign and date the Employee Accommodation Request. Return this completed form to your supervisor along with a copy of your position description, and the appropriate medical documentation of your disability. Your request cannot be processed without medical documentation.