



N.C. DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR REASONABLE ACCOMMODATION

TO BE COMPLETED BY THE INDIVIDUAL MAKING REQUEST:

Name: Personnel Number:

Home Address:

City: State: Zip:

Check One: Employee Applicant

Position Classification: Position #: Staff ID:

Work Location: Location #:

Medical Condition:

Brief explanation of accommodation(s) requested (attach all supporting documentation):

Multiple horizontal lines for providing a detailed explanation of the requested accommodation.

(If additional space is needed, use additional sheets and attach).

Check One: Short-Term Long-Term (If request is short-term, please provide anticipated duration):

Medical Release Statement: By this request for accommodation, I do hereby grant the Department of Public Safety permission to examine medical records and any other records related to this request on my medical condition.

Signature of Requestor

Date of Request

TO BE COMPLETED BY ADA COORDINATOR:

Temporary Job Assignment Modification:

Yes Beginning Date: Describe:

No Indicate current status of employee (LWOP, Approved Leave, etc.):

Facility/Institution/Section ADA Coordinator Date

Facility/Institution/Section Head Date

TO BE COMPLETED BY APPROVING AUTHORITY:

Check One: Approved Denied Closed

Basis for Decision:

Horizontal lines for providing the basis for the decision.

Signature of Approving Authority

Date