



**N.C. DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR REASONABLE ACCOMMODATION
For Mandatory Criminal Justice Training**

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 #: _____

Disability: _____

Please describe your medical condition and how you think it may limit your training course participation. Unless the medical condition is obvious, (e.g. missing limb) the employee or applicant shall submit certification from a physician confirming the nature and scope of the medical condition:

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

Medical Release Statement: By this request for accommodation, I do hereby grant the Department of Public Safety and the Criminal Justice Standards Division 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 APPROVING AUTHORITY:

Check One: Approved Denied Date: _____

Basis for Decision:

 Signature (School Director, Office of Staff Development & Training)

 Date

- Referred to CJ Standards Division
 Not Referred