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

Form HR 801 Request for Reasonable Accommodation - Training                                   Page 1 of 1
Form structure last revised November 2015
NC Department of Public Safety