

City of Philadelphia ADA Accommodation Employee Request Form

To request reasonable accommodation, this form must be completed and submitted to your Departmental HR Manager or Human Resources Professional in your department responsible for reviewing ADA requests. Incomplete information may lead to delays.

Information shared will be kept confidential except insofar as needed to share with medical professionals. Please note: Completion of this form does not guarantee that the requested accommodation(s) will be provided.

To Be Completed by Employee

Name: _____ Payroll #: _____

Department: _____ Job Class Title and Class Code : _____

Preferred Email: _____ Phone (Mobile): _____ (Work): _____

Identify the essential job functions of my position for which I require a reasonable accommodation to perform satisfactorily (***Attach extra sheets, if necessary***):

Condition(s), which I believe, affect(s) my ability to perform the essential functions of my job:

Accommodation(s) I am requesting that will permit me to perform the essential functions of my job (**Attach extra paper, if necessary**):

Description of how the requested accommodation(s) will allow me to complete the essential functions of my job (**Attach extra paper, if necessary**):

ACKNOWLEDGEMENT AND CERTIFICATION

The attached documentation provided by my health care provider certifies the need for the requested accommodation(s). I authorize the release of information regarding my disability between my doctor and the City of Philadelphia as deemed necessary by human resources to facilitate this request for accommodation. I certify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is unreasonable and/or if it creates an undue hardship on the employer.

Employee signature: _____ Date: _____