



HUMAN RESOURCES

REASONABLE ACCOMMODATION REQUEST FORM

for Miami-Dade County Government Job Applicants

The Americans with Disabilities Act (ADA) protects qualified individuals with disabilities from employment discrimination. Reasonable accommodation is a key nondiscrimination requirement under the ADA. All requests are handled on a case-by-case basis.

Section 1. To be completed by Applicant. Please type or print clearly. Attach additional sheets if necessary. If you need help completing this form, contact the Human Resources ADA Specialist at (305) 375-2668 (Voice) or (305) 375-5645 (TTY). *County job applicants seeking accommodation for an examination must submit their request and complete medical documentation to Human Resources at least 30 days prior to the examination or at the time of application, whichever is later.*

Name:	Last	First	Middle Initial	Position Sought	Department
Mailing Address <i>(Street Name and Number)</i>				Apt. #	Social Security #
City		State	Zip Code	Daytime Telephone Number	

1. Identify and describe your impairment. *Please attach your medical documentation to this form.*

2. What is your accommodation request? (What do you need to help you with the application, interview, or examination process?)

Under the ADA, when an individual qualifies for reasonable accommodation, the employer is free to choose among effective accommodations, and may choose one that is less expensive or easier to provide. A medical examination may be required to determine if an individual has a disability covered by the ADA and is entitled to an accommodation, and, if so, to help identify an effective accommodation.

My signature indicates my permission for Miami-Dade County to contact my medical practitioner(s) to seek additional or clarifying information and for the medical practitioner(s) to release such information as applicable to the evaluation of my request for accommodation. The information provided by me is true and correct to the best of my knowledge.

Applicant's Signature	Date
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You may submit this completed form and documentation with your application, or return it to HR, Recruitment, Compensation and Testing Division, 111 N.W. First Street, 20th Floor, Miami, Florida 33128

Received by:	Date Received:
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Please forward this request to Human Resources, Recruitment, Compensation and Testing Division for processing.

THIS IS A CONFIDENTIAL MEDICAL RECORD. DO NOT PLACE IN PERSONNEL FILE.

HUMAN RESOURCES RECOMMENDATION

Section 2. To be completed by the Director of Human Resources, Career Development Division or designee. Please attach all relevant documents to this form.

1. I recommend that the request for accommodation be: () Approved () Denied () Other

2. If recommending approval, describe the specific accommodation(s) to be provided. If recommending denial, please state justification.

Signature

Date

DEPARTMENT DECISION

Section 3. To be completed by the Department Director or designee. For examination accommodations, to be completed by the Director of Human Resources, Recruitment, Compensation and Testing Division or designee.

1. I recommend that the request for accommodation be: () Approved () Denied () Other

2. If different from the recommendation in Section 2, describe the specific accommodation(s) to be provided or state the justification for denial.

Signature

Date

Departments: Please forward the completed form and attachments to:

Human Resources
Attn: Human Resources ADA Specialist
111 N.W. First Street, Suite 2110
Miami, Florida 33128
(305) 375-2668
(305) 375-4138 (fax)