MIAMI-DADE COUNTY

Reset Form

Human Resources
REASONABLE ACCOMMODATION REQUEST FORM
for Miami-Dade County Government Employees

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 the Employee. Please type or print clearly. Attach additional sheets if necessary. If you need help completing this form, contact the HR Employee and Labor Relations Division at (305) 375-4171. TTY users call (305) 375-5645 or the Florida Relay Center at (800) 955-8771.

Name: Last	First	Middle Initial	Department
Job Title			Social Security #
Mailing Address *(Street Name and Number)*		Apt. #	Home Telephone
City	State	Zip Code	Work Telephone

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

2. How does your impairment affect your ability to do your job?

3. What is your accommodation request? (What do you need to help you do your job?)

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.

Employee's Signature	Date

Please return this form to your Departmental Personnel Representative or your Supervisor.

Signature of a department staff member to acknowledge receipt	Date received by department

THIS IS A CONFIDENTIAL MEDICAL RECORD. DO NOT PLACE IN THE EMPLOYEE'S PERSONNEL FILE.

SUPERVISOR OR DEPARTMENTAL PERSONNEL REPRESENTATIVE'S RECOMMENDATION

Section 2. To be completed by the Employee's Supervisor, the Departmental Personnel Representative, or designee. *Supervisors should consult with the Departmental Personnel Representative before completing this section.* Please attach the Job Description, the Essential Job Functions Form, and any other relevant document to this form. For assistance, refer to the Human Resources Department ADA Procedures Manual or contact the HR Employee and Labor Relations Division at (305) 375-4171.

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
Work Address	Work Telephone

ATTENTION: If the Employee's Supervisor, Departmental Personnel Representative, or designee recommends that the request be denied, please consult with and forward this form to the Human Resources ADA Specialist before proceeding to Section 3.

DEPARTMENT DECISION

Section 3. To be completed by the Department Director.

1. The request for accommodation is: ( ) 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

Department decisions relating to reasonable accommodation are subject to review by the Miami-Dade Disability Review Panel in accordance with Title II of the ADA § 35.107.

Departments: Please forward the completed form and attachments to:

Human Resources Department
Attn: Employee and Labor Relations Division
111 N.W. First Street, Suite 2110
Miami, Florida 33128
(305) 375-4171
(305) 375-4138 (fax)