

PLYMOUTH COMMUNITY SCHOOL CORPORATION

STAFF REQUEST FOR REASONABLE ACCOMMODATION (504/ADA)

DATE _____

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

POSITION _____ SUPERVISOR _____

DESCRIPTION OF DISABILITY

ACCOMMODATION REQUESTED

ACCESS TO FACILITY OR PROGRAM:

JOB RESTRUCTURING/MODIFICATION

EQUIPMENT

OTHER

SIGNATURE of STAFF MEMBER

SIGNATURE of ATTENDING PHYSICIAN