

**RIVERSIDE COUNTY DISABILITY ACCESS OFFICE
WORK ACCOMMODATION REQUEST FORM**

I. General Information

Name of Employee: _____

Employee #: _____ Position: _____

Supervisor: _____ Department: _____

II. Type of Accommodation Requested

Time off from regular work schedule

Modification of job schedule

Modification of job duties

Modification of policy

Alteration to job site

Other: _____

III. Description of Accommodation and Job Function Relationship

Describe as completely as possible the type of accommodation you are seeking. If appropriate, please list specifications for products indicated. Please also describe the job function you will be able to perform by use of this accommodation.

IV. Certification of Request

I voluntarily request I be provided with the above indicated work accommodations in compliance with the California Fair Employment & Housing Act (FEHA)/Americans with Disabilities Act (ADA). I understand that Riverside County requires I provide medical documentation supporting this request and the determination of whether or not I am eligible for accommodation is contingent upon such documentation. Moreover, I understand under FEHA/ADA, only reasonable accommodations that do not pose an undue hardship to the employer are required.

Employee Signature: _____

Date: _____

**Disability Access Office (DAO) – Human Resources
P.O. Box 1569, Riverside, CA 92502
Voice (951) 955-3510 • TTY 711 • FAX (951) 955-7954**