|  |  |  |
| --- | --- | --- |
|  | **CITY OF CEDARBURG**  **Americans With Disabilities Act (ADA) Employee Accommodation Request** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Protection is afforded under the ADA to a qualified individual with a disability, who can perform the essential functions of the position, *with or without reasonable accommodation*.  **Instructions:** Please complete the form and attach supporting documentation from your physician and a return to work authorization (as appropriate). Submit completed form to your direct supervisor. | | | |
| Name: | | | |
| Address: | | | |
| Department: | | Position | |
| Supervisor: | | | |
| Telephone Numbers: Work: | Home: | | Other: |
| **I. Accommodation Request: Please list accommodations requested and reason for request:** | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| Signature: | | Date: | |