



**NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT  
REQUEST FOR ADA ACCOMMODATION**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Please describe the nature, extent, and duration of your disability/medical condition.

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In what way does your disability/medical condition affect your ability to perform the essential functions of your job and how long will your abilities be affected?

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Please describe the accommodations you believe are needed to enable you to perform the essential functions of your job (see job description, which shows essential functions).

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Provide the name, address, telephone, and fax numbers of your health care provider. The provider may receive a request from us for information regarding your medical condition/disability and recommendation(s) for accommodation(s).

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**Please be sure to attach any supporting documentation that may assist in evaluating this accommodation request.**

**RELEASE OF INFORMATION**

*I authorize the release of information regarding my disability, including allowing my treating physician/health care provider to communicate with and provide information to Northwest Regional Education Service District as deemed necessary by Human Resources to facilitate this request for accommodation.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please have your physician complete the attached ADA Medical Documentation form and return it to you. Then please return both completed forms to the Human Resources Department no later than 30 days from your having received these blank forms.