



Return completed form to:
La Plata County Human Resources
1060 Main Ave., Ste 106
Durango, CO 81301
Email: HR@co.laplata.co.us
Fax: (970)375-7985
Phone: (970)382-6361

REASONABLE ACCOMMODATION REQUEST FORM

To: _____
(Department Head)

From: _____
(Name of person requesting accommodation)

Address: _____
Street Apt. # County State Zip

Telephone: () _____

REQUEST FOR REASONABLE ACCOMMODATION

1. I am requesting accommodation because (circle one): **A** or **B** or **C**

(A) I am requesting accommodation that will allow me to participate in a County offered program, activity or service. Activity name:

(B) I am applying for employment. The accommodation requested will allow me to participate in the examination for (position title):

(C) I am currently employed by the County and request a reasonable accommodation. My current job title is:

2. My specific functional limitation is: _____

The accommodation I am requesting is described below. (Describe the type of accommodation: if it is a purchasable item, list model, number, cost, where it can be obtained, etc.; state suggestions for work site or examination site modifications or specific job duties which may be restructured or shared to facilitate employment, participate in an examination, or utilize a County program, activity or service.)

3. Describe how this accommodation will assist you.

Please attach additional sheets as necessary.

CERTIFICATION

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.

Signature: _____ **(Date)** _____

