



Americans with Disabilities Act (ADA) Employee Accommodation Request Form

Please use this form if:

- You are an intern, employee, or elected official working for the City of Portland **and**
- You would like to request a workplace accommodation because of a disability.

Employee Information

Name _____

Job Title / Classification _____

Bureau _____

Supervisor's Name (*optional*) _____

Work Phone _____

Do you have a City of Portland email address? Yes No

How would you prefer to be contacted? Email Phone

Which days do you normally work? Mon Tues Wed Thurs Fri Sat Sun

The best time of day to contact you is: Mornings Afternoons Anytime

Accommodation Request Information

1. Enter today's date: _____

2. Do you self-identify as having a disability or medical condition? Yes No



3. What is your requested accommodation(s)?

4. Briefly describe the reason for this accommodation. What would you have a difficult time doing at your job without an accommodation?

Signature: _____

Date: _____

Next Steps

Complete and return this form through email, interoffice mail, or in-person delivery to your Bureau's Human Resources Business Partner.

- Your HR Business Partner will confirm that they have received your request for an ADA accommodation.
- You may be asked additional questions about your accommodation needs.
- You may be asked to provide medical documentation of your disability.