

St. Lawrence County's Accommodation Request Form

Date:

Name:

Phone: Work
Home

Address:

Identify your disability:

Identify your specific problematic job tasks:

Identify your accommodation ideas:

If you have not already provided medical documentation establishing the existence of your disability, please include documentation with this form. Return completed form to your Department Head or to the person requesting information.

Signature _____

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Date completed form received: _____

Signature of authorized person receiving form: _____