

County of Gloucester  
Human Resources Manual

<b>CHAPTER:</b>	<b>1 - FUNDAMENTALS</b>	<b>ADOPTED: 11/27/06</b>
<b>SECTION:</b>	<b>6 – EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION</b>	<b>REVISED: 5/22/24</b>

**EXHIBIT C – REQUEST FOR REASONABLE ACCOMODATION**

TO: \_\_\_\_\_  
Department Head/Human Resources \_\_\_\_\_ Date \_\_\_\_\_

FROM: \_\_\_\_\_  
Name of person requesting accommodation \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

1. I am requesting accommodation because (circle one): a      b      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 the job position.

Position Title: \_\_\_\_\_

c. I am currently employed by the County and request a reasonable accommodation.

Current Job Title: \_\_\_\_\_

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., suggestions for work site or examination site modifications or specific job duties which may be restructured or shared to facilitate employment, participate in the examination or utilize a County program, activity or service.)

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3. Describe how this accommodation will assist you. Please attach additional sheets as necessary.

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**PARTICIPANT/APPLICANT/EMPLOYEE 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: \_\_\_\_\_