

**COBB COUNTY**  
**ADA REQUEST FOR REASONABLE ACCOMMODATION FORM**

**To be completed by the employee requesting accommodation and submitted to the supervisor/manager, manager will then forward on to HR/100 Cherokee St. for review:**

Name (printed): \_\_\_\_\_ Official Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office/Region: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Employee ID: \_\_\_\_\_

*Please use as many pages as necessary to answer these questions. Number the answers to correspond with the questions.*

1. What are the specific job functions for which the accommodation is requested?
  
  
  
  
  
2. What are the disabilities for which the accommodation is requested?
  
  
  
  
  
3. How do the disabilities affect the job functions?
  
  
  
  
  
4. What is the accommodation requested (e.g., equipment, schedule, modified workstation)? Be as specific as possible. Attach any available information/descriptions that will clarify the request.
  
  
  
  
  
5. List any alternate solutions being considered.
  
  
  
  
  
6. List anyone else consulted about this request for accommodation, and attach any reports or assessments that have been prepared.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Please submit this request to your supervisor or manager. The information you provide is **confidential** and will be used only in relation to this request*

**To be completed by the supervisor/manager receiving the request, or Human Resources Representative:**

Date received from the employee: \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Manager Name (printed)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

*Mail or fax completed form to the following:*

**Human Resources**

**Cobb County Government**

100 Cherokee Street, Suite 200, Marietta, GA 30090

Direct (770) 528-1188; Fax (770) 528-2590

