

City of Arlington, Texas

ADA Accommodation for City Employment

Date Submitted: _____

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

IF YOU ARE A CURRENT CITY OF ARLINGTON EMPLOYEE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Job Title: _____ Department: _____

Supervisor Name: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR ACCOMMODATION NEEDS:

How does a disability restrict your ability to accomplish a job function(s)? Please describe as specifically as possible. State the task(s) for which you are requesting an accommodation, and describe the difficulty you have performing that task without accommodation.

What specific accommodation(s) are you requesting?

I believe I have a protected disability (a physical or mental impairment that limits one or more major life activities) and I cannot perform the essential functions of my job without an accommodation.

Signature: _____ Date: _____

Please submit this form/the information on this form to:
Director of Workforce Services, 101 S. Mesquite St., Arlington, Texas 76010, and
ADA Coordinator, Department of Public Works and Transportation, 101 W. Abram St., Arlington, Texas 76010