

HARTSVILLE/TROUSDALE COUNTY GOVERNMENT

REASONABLE ACCOMMODATION REQUEST FORM

Hartsville/Trousdale County Government ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by HTC, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Dawn Dineen, Human Resources Coordinator at 615-374-2461.

Date of Filing: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

Types(s) of Disability or Disabilities:

- Speech Hearing Visual
 Mobility Mental / Emotional Other: _____

1. What specific accommodation are you requesting? If known, please identify the source and cost for providing the accommodation(s).

2. If you are not sure of the accommodation needed, do you have any suggestions about what options we can explore?

3. What limitations(s) are interfering with your ability to perform your job, access an employment benefit and/or any provided program, service or activity?

4. How do these limitations affect you and/or your job performance?

5. What specific job tasks are problematic because of these limitations?

6. If you are requesting a specific accommodation, how will that accommodation assist you?

Please attach and/or provide any additional information that might be useful in processing your accommodation request. The completed form must be submitted directly to the requestor's immediate supervisor.

Signature

Date

Received by HTCG Human Resources

Signature

Date