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|  | **CITY OF CEDARBURG** **Americans With Disabilities Act (ADA) Employee Accommodation Request** |  |

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| Protection is afforded under the ADA to a qualified individual with a disability, who can perform the essential functions of the position, *with or without reasonable accommodation*. **Instructions:** Please complete the form and attach supporting documentation from your physician and a return to work authorization (as appropriate). Submit completed form to your direct supervisor. |
| Name: |
| Address: |
| Department: | Position |
| Supervisor: |
| Telephone Numbers: Work: | Home: | Other: |
| **I. Accommodation Request: Please list accommodations requested and reason for request:** |
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| Signature: | Date: |