



CITY OF EAST WENATCHEE

Employee Request for Reasonable Accommodation Form

To: _____
(Department Head)

From: _____
(Name of person requesting accommodation)

Date: _____

1. I am currently employed by the City and request a reasonable accommodation. My current job title is: _____

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 City program, activity or service.)

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

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: _____

Date: _____