

Request for Reasonable Accommodation Form



Date: _____

Person Requesting Accommodation: _____

Phone Number: _____

Address _____

City _____ State _____ Zip Code _____

Please Contact me by Phone Mail Other _____

When possible, the completed Request for Reasonable Accommodation form shall be submitted to the ADA Coordinator no later than ten (10) business days before a scheduled event. In the event this is not possible, every effort will be made to provide reasonable accommodation to qualified individuals with disabilities. The District is committed to providing reasonable accommodation unless doing so would result in an undue hardship to the District.

Board/Commission Meeting

Date

Time

Location of Meeting

Service/Program/Activity

Name of Service/Program/Activity

Date of Service/Program/Activity

Application/Hiring Process

Position Title

Assistance with (check all that apply):

Application

Testing

Interview

Describe the specific limitation and the type of accommodation requested, with an explanation of how the accommodation will assist in the application/hiring process or participation in a service, program, or activity.

Note: Verification of the disability by the requestor's healthcare provider may be required.

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct.

Name of Requestor: _____

NOTICE OF ACCOMMODATION



Date of Notice: _____

Requestor: _____

Date of Request: _____

Copy of Request for Reasonable Accommodation Form is attached.

Request for Reasonable Accommodation:

- Approved Alternate Accommodation Approved Request Denied

Type of Accommodation Approved:

Duration of Accommodation:

Requestor must contact the following person to acquire accommodation:

- ADA Coordinator
Benton PUD Human Resources Manager
Benton PUD Human Resources
2721 W. 10th Avenue
Kennewick, WA 99336
(509) 582-1227 (Telephone)
(509) 582-1246 (Fax)

- Other:

Explanation for Denial of Accommodation:

Appeal Process:

If a request is denied, the requester may appeal the decision. The requester may submit the appeal to the ADA Coordinator in writing or verbally. Appeals must be received within five (5) business days after the date of this notice. The ADA Coordinator contacts the requester within ten (10) business days after receipt of the appeal to inform the requester of the final decision regarding the accommodation request.