

CITY OF HAMPTON

Request for Disability Related Accommodations

Employee Name	Employee Number	Date of Request
Department	Division	Supervisor Name
<p>1. Accommodations Requested: Please identify the impairment(s) that you believe are affecting your ability to perform your job duties and which major life activity(s) is/are most significantly affected? Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working. (see attachment A.)</p>		
<p>2. Describe the accommodation you are requesting:</p>		
<p>3. Describe how the accommodation you are requesting will enable you to perform the essential functions of your job. Please be specific.</p>		
<p>4. Do you anticipate this accommodation to be temporary in nature, or do you anticipate that you will need this accommodation for an extended period of time?</p>		
Employee's Signature: _____		Date: _____
Manager/Supervisor Signature: _____		Date: _____
Department Head Signature: _____		Date: _____
Human Resources Representative Signature: _____		Date: _____